Form 9-331 (May 1963)

UI TED STATES

SUBSCIT IN TRI

Form approved.

		Budget	Burer	u N	0. 42	-141	1424,	
.	LEASE	DESIGN	ATION	AND	REILIA	I.	NO.	

	Regular	3704' (GR)	Eddy N.M.	
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
		om the West Line and 1980' from the 31, T-16-S, R-30-E, Eddy County,	Section 31, Townsite 16-S Range 30-E	
	LOCATION OF WELL (Report location closes also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Square Lake		
P. O. Bex 728, Hobbs, New Mexico 8821,0			6	
S. ADDITION OF OPERATOR			D. Williamo.	
	TEXACO Inc.	Square Lake "Th" Unit		
۷.	NAME OF OPERATOR	S. FARM OR LEASE NAME		
	WELL A WELL OTHER	Square Lake "31" Unit		
1.		7. UNIT AGREEMENT NAME		
	SUNDRY NOTI (Do not use this form for propose Use "APPLICA"	6. IF INDIAN, ALLOTTEE OR TRIBE NAME None		
	G	NM-01712		
	DEPARTM	LINT OF THE INTERIOR verse side)	5. LEASE DESIGNATION AND BERIAL NO.	

TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE ABANDONMENT SHOOT OR ACIDIZE SHOOTING OR ACIDIZING (Other) Shut Well In REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Subject well was shut in effective 7:00 A. M., May 22, 1968. It is recommended that this well be replassified from its present status to ASD-Held until abandonment of unit.

NOTICE OF INTENTION TO:

U.S. GREEN, TOWN BENICO

SUBSEQUENT REPORT OF:

18. I hereby certify that the foregologies true said correct	Assist at District TITLE Superintendent	DATE	June 12, 1968
(This space/for Federal or State office use) APPROVED BY CONDITIONS (F LAPRIMAE, IF ANY:	TITLE	DATE	

*See Instructions on Reverse Side