

N. M. O. C. G. COPY
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to S.F.
Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <p style="text-align: center;">TEXACO Inc.</p></p> <p>3. ADDRESS OF OPERATOR <p style="text-align: center;">P. O. Box 728 - Hobbs, New Mexico</p></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 660' from the South Line, and 1980' from the East Line of Section 31, T-16-S, R-30-E, Eddy County, New Mexico.</p> <p>14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Regular 3676' (GR)</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-01393</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE</p> <p>7. UNIT AGREEMENT NAME Square Lake "31" Unit</p> <p>8. FARM OR LEASE NAME Square Lake "31" Unit</p> <p>9. WELL NO. *11</p> <p>10. FIELD AND POOL, OR WILDCAT Square Lake</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-16-S, R-30-E</p> <p>12. COUNTY OR PARISH 13. STATE Eddy N. M.</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change Well Number</u> <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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 number changed from 3431 to 11.

RECEIVED
AUG 18 1965
O. C. C.
ARTESIA, OFFICE

RECEIVED
AUG 16 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED W.E. Morgan TITLE Assistant to the District Superintendent DATE August 12, 1965

(This space for Federal or State office use)

APPROVED
 AUG 11 1965
 R.L. BELMONT
 ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side