

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 type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <div style="text-align: center;">TEXACO Inc.</div></p> <p>3. ADDRESS OF OPERATOR <div style="text-align: center;">P. O. Box 728 - Hobbs, New Mexico</div></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</p> <p style="text-align: center;">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. Regular</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3676' (GR)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM-04393</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 Eddy</p> <p>13. STATE 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>	

(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 <u>W.E. Morgan</u>	TITLE <u>Assistant to the District Superintendent</u>	DATE <u>August 12, 1965</u>
(This space for Federal or State office use)		

APPROVED BY  
AUG 12 1965  
R.L. BELMONT  
ACTING DISTRICT ENGINEER

TITLE \_\_\_\_\_ DATE \_\_\_\_\_