Form 9-331 ,	N. M. O. C. C.	COPY SUBMIT IN 2 LICATE.	Form approved.
	MENT OF THE INTERI	(i)ther instruct on one re-	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO. NM-04393
GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for prop	Salis to drill or to deepen or plug b CATION FOR PERMIT—" for such pr	ack to a different reservoir.	None
1. OIL GAS WELL WELL OTHER			7. UNIT AGBEEMENT NAME Square Lake "31" Unit
2. NAME OF OPERATOR TEXACO Inc.		FEB 1 0 1966	8. FABM OR LEASE NAME Square Lake "31" Unit
3. ADDRESS OF OPERATOR P. O. Box 728 - 1	Hobbs, New Mexico	D. C. C. ARTESIA, OFFICE	9. WELL NO.
 LOCATION OF WELL (Report location See also space 17 below.) At surface 		State requirements.*	10. FIELD AND POOL, OR WILDCAT . Square Lake
Well located 660' from Line of Section 31, T-10	the South Line and 190 6-S, R-30-E, Eddy Coun	80' from the East nty, Naw Mexico	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-16-S, R-30-
14. PERMIT NO.	15. ELEVATIONS (Show whether DE	', RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
Regular	3676' (GR)		
		lature of Notice, Report, or O	ither Uata Ent report of:
NOTICE OF INT TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING X (Other)	REPAIRING WELL
(Other)		Completion or Recompl	of multiple completion on Well etion Report and Log form.) including estimated date of starting any depths for all markers and somes perti-
 Shut in flow line a Produce well for 24 Acidize with 500 ga Produce well for 24 Tag bottom of hole Dump sufficient pea Pack well by dumpin Swab well, recover On 24 hour test end 	nd circulate well for hours. hours. hours. with tubing & pull tu gravel down casing t g 125 lb. of Nocor 81 load oil. test. and r	bing to check fillup. o fill hole to lowest 5 phosphate pellets d eturn well to product y 31, 1966, well pump	perforation. own casing. ion.
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18. I hereby certify that the foregoing SIGNED	Chelle and the	ssistant istrict Superintendent	DATE February 7, 196
(This man Arederal or State PHTROVED BY 255 CONDITIONS OF APPROVAL, II	TITLE		DATE
ACTING DISTRICT ENCINEER	*See Instruction	ns on Reverse Side	