Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

Copy to U.S.G.S.

5. LEASE DESIGNATION AND SERIAL NO.: NM - 04393

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: None

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.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: Square Lake "31" Unit

2. NAME OF OPERATOR: TEXACO Inc.

8. FARM OR LEASE NAME: Square Lake "31" Unit

3. ADDRESS OF OPERATOR: P. O. Box 728, Hobbs, New Mexico 88240

9. WELL NO.: 11

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Well is located 660' from the South Line, and 1980' from the East Line of Section 31, T-16-S, R-30-E, Eddy County, N.M.

10. FIELD AND POOL, OR WILDCAT: Square Lake

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 31, T-16-S, R-30-E

14. PERMIT NO.: Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3676' (GR)

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[X]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Shut Well In			X
(Other)				(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 was shut in effective 7:00 A. M., March 1, 1969.
It is recommended that this well be reclassified from its present producing status to ASD - Held until abandonment of Unit.

RECEIVED
MAR 10 1969
O. C. C.
ARTESIA, OFFICE

REQUEST THAT THE ALLOWABLE FOR SUBJECT WELL BE SET @ ZERO (0).

MAR 7 1969

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

SIGNED [signature] TITLE Assistant District Superintendent DATE March 6, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAR - 7
R. L. BEEKMAN

*See Instructions on Reverse Side