

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*
(Other institutions on re-
verse side)

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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-04712
2. NAME OF OPERATOR TEXACO Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME Square Lake "31" Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1980' from the North Line, and 1977.28' from the West Line of Section 31, T-16-S, R-30-E, Eddy County, N. M.		8. FARM OR LEASE NAME Square Lake "31" Unit
14. PERMIT NO. Regular		9. WELL NO. 2231
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708' (GR)		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
		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 <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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Convert to water injection <input checked="" 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.)*

We propose to convert subject well to water injection as follows:

1. Rig up pulling unit, pull rods & tubing, clean hole with sand pump.
2. Run 87 joints 2" internally plastic coated tubing, with baker tension packer set at 2689'.
3. Hole cleaned to a total depth of 2753', well ready for water injection.

RECEIVED

OCT 20 1964

D. C. C.
ARTESIA, OFFICE

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

SIGNED

H. D. Raymond

TITLE Assistant District
Superintendent

DATE October 13, 1964.

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side