(May 1963) DE SUNDRY	GEOLOGICAL SU	INTERIÓF	SUBMIT IN IPLICAT	TE• Form app Budget H	proved.	
SUNDRY (Do not use this form Use 1. OIL CAS WELL CAS WELL CAS WELL CAS WELL CAS WELL CAS WELL CAS	GEOLOGICAL SU	—	JNITED STATES JSUBMIT IN IPLICATE May 1963) JNITED STATES JSUBMIT IN IPLICATE DEPARTMENT OF THE INTERIOR (Other instructions on re- GEOLOGICAL SURVEY F			
(Do not use this form Use '		· · · · · · · · · · · · · · · · · · ·				
(Do not use this form Use OIL GAS WELL GAS WELL GAS WELL GAS WELL GAS		SUNDRY NOTICES AND REPORTS ON WELLS				
OIL GAS WELL CAS				NONE	· · · ·	
. NAME OF OPERATOR					T NAME	
. ADDRESS OF OPERATOR					Souare Lake "31" Unit 8. FARM OR LEASE NAME	
ADDRESS OF OPERATOR				Square Lake "31" Unit 9. WELL NO.		
P. O. Box 728 - Hobbs, New Mexico			2231			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					10. FIELD AND POOL, OR WILDCAT Square Lake	
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.				11. SEC., T., B., M., SUBVET OR	OR BLK. AND	
West Line of Sec	tion 31, T-10-5, R-	30-E, Eddy	County, N. M.		-16-S, R-30-3	
4. PERMIT NO.	15. ELEVATIONS (Show	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OB PAR		
Regular	3708	37081 (GR)		Eddy	N. M.	
<sup>8.</sup> Cł	heck Appropriate Box To I	ndicate Natu	re of Notice, Report, o	r Other Data		
NOTICE	OF INTENTION TO:		SUBS	BEQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRI	IG WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERIN	G CASING	
SHOOT OR ACIDIZE	ABANDON*		BHOOTING OR ACIDIZING	ABANDON	MENT	
REPAIR WELL	CHANGE PLANS		(Other) Converted	to Water Inje		
	g unit, pull rods & 2" internally plast	_			cker	
		0.550				
3. Hole cleaned	to a total depth of	2753 <sup>•</sup> , we	ell ready for wat	er injection.		
		REC	EIVED			
OCT 2 0 1964						
			). C. C. Esia, office			
8. I hereby certify that the for	()	ARTE	ESIA, OFFICE			
SIGNED The De	aymond TI	ARTE TLE Assist		DATE Oct	ober 13, 1961	
SIGNED Ha D	aymond TI'	ARTE TLE Assist	ant District	DATE	ober 13, 196	
SIGNED Ha D	aymond Tr aymond Tr State office use)	ARTE TLE Assist Supe	ant District		ober 13, 196	
SIGNED H. D. H.	Al, IF ANY:	ARTE TLE Assist Supe	ant District rintendent		ober 13, 196	