

N. M. O. C. C. COPY  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

Copy to 57

**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		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		9. WELL NO. #2
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' from the West Line of Section 31, T-16-S, R-30-E, Eddy, County, N. M.		10. FIELD AND POOL, OR WILDCAT Square Lake
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708' (GR)	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) Change well number <input 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.)\*

\*Subject well number changed from 2231 to 2.

RECEIVED

AUG 18 1965

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
AUG 16 1965  
GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED W. E. Morgan  
 (This space for Federal or State office use)

TITLE Assistant to the District Superintendent

DATE August 12, 1965

APPROVED BY  
 AUG 11 1965  
 H. L. BEEBE  
 ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side