

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

PERMIT IN THIS FORM  
FOR INSTITUTIONS (See  
Reverse Side)

Copy to 87  
Form No. 42 R1424  
DATE OF REVISION AND SERIAL NO.

NM-02425

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Newmont Oil Company

SEP 9 1978

3. ADDRESS OF OPERATOR

P. O. Box 1305, Artesia, New Mexico 88210 O.C.C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FSL & 1980' FWL of Section 33

14. PERMIT NO.

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

3727' GLM

6. UNIT AGREEMENT NAME

Square Lake Flood (West)

8. FARM OR LEASE NAME

Evans "A"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Square Lake (G. SA)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

33-16S-30E NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Place on production

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

Place on prod  
(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.)

9-1-78---This well was hooked up to flow down the flowline to monitor flood front movement.

Flow test indicates the well is flowing 1 BOPD and 0 BWPD.

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

SIGNED

TITLE

Office Manager

DATE

9/14/78

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

SEP 18 1978

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side