REPAIR WELL

(Other)

## A M. O. C. C. COPY

CHANGE PLANS

SUBMIT IN TRIP

Form approved. Budget Bureau No. 42-R1424.

	DEPARTMENT OF THE INT	ERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	Copy TA	NM 02425
(Do not use this fo	ORY NOTICES AND REPORT	olug back to a different reservoir.	6. IF INDIAN, ALLOTTER OR TRIBE NAME
	_		7. UNIT AGREEMENT NAME
WELL GAS WELL	OTHER WIW		That Source Jake
2. NAME OF OPERATOR	1		8. FARM OR LEASE NAME
NEWMONT O	IL COMPANY		9. WELL NO.
	1205 4275044 4574 4574	_	o. Wada No.
P. U. BOX 4. LOCATION OF WELL (Re) See also space 17 below At surface	1305, ARTESIA, NEW MEXICO port location clearly and in accordance with v.)	any State requirements.	10. FIELD AND POOL, OR WILDCAT
			SOUARE LAKE  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1980' FNL	& 660' FEL of Sec. 33; T-1		Sec. 33-16S-30E -NMPM
14. PERMIT NO.	15. ELEVATIONS (Show wheth	· · · · ·	12. COUNTY OR PARISH 13. STATE
-	3744	+ •	Eddy New Mexico
16.	Check Appropriate Box To Indica	ite Nature of Notice, Report, or O	ther Data
No	TICE OF INTENTION TO:	SUBSEQU	ENT 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	XX ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*

(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.)\*

(Other)

We propose to treat well with 500 gals of 15% acid and return well to injection

## RECEIVED

MAR 2 0 1968

9. C. C. ARTESIA, OFFICE MAR 18 1968
U. S. GEOLOGICAL SERVICE
U. S. GEO

18. I hereby certify that the foregoing is true and correct ORIGINAL SIGNED BY SIGNED H. J. LEDBETTER	TITLE Division Superintendent	DATE 3/15/68
(This space for Federal or State office use)		
A PROPERTY OF APPROVAL, IF ANY:	TITLE	DATE
Ar		

\*See Instructions on Reverse Side