N. M. O. C. C. COPY Form 9-331 (May 1963) TED STATES Form approved. Budget Bureau No. 42-R1424. ICATE. DEPARTMENT OF THE INTERIOR (Other Instruct. 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM-02427 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL XX WELL OTHER Square Lake Flood (West) 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Etz "C" 1.EWMONT OIL COMPANY
3. ADDRESS OF OPERATOR 9. WELL NO. P.O. Box 1305, Artesia, New Mexico 88210 2 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 (G.SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA 1980' FSL & 660' FEL of Section 34 34-165-30E NMPM 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 37581 GLM Eddy New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CARING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT<sup>4</sup> (Other) Temporary Abandonment REPAIR WELL CHANGE PLANS (Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 sones pertinent to this work.)\* 518-67 We request an extension of approval for Temporary Abandonment for one year. This property is under study for tertiary recovery operations. RECEIVED OCT 2 2 1975 O. C. C. ARTESIA, DEFICE

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

SIGNED TOTAL TOTAL OFFICE Manager

(This space for Federal or State office use)

APPROVED-BY

CONDITIONS OF APPROVAL, IF ANY:

BE PUT TO BENEFICAL USE OR PLUGGED

WELL MUST

UNLESS PURTHER APPROVED BY

BE PUT TO BENEFICAL USE OR PLUGGED

\*See Instructions on Reverse Side

\*\*See Instructions on Reverse Side