

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. O. G. C. COPY

SUBMIT IN TRIP  
(Other instructions on reverse side)

Copy GSF  
Form approved  
Budget Bureau No. 42-R1424.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>RECEIVED</b>  DEC 4 1974  O. G. C. ARTESIA, OFFICE
2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓		
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  660 FNL & 660 FEL of Section 34		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3775' GLM	

5. LEASE DESIGNATION AND SERIAL NO. NM-02427
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Square Lake Flood (West)
8. FARM OR LEASE NAME Etz E
9. WELL NO. 4
10. FIELD AND POOL, OR WILDCAT Square Lake (G.SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-16S-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:		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) <input type="checkbox"/>	
(Other) Temporarily Abandon <input checked="" 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.) \*

This well was shut in March 1973 due to economic limit. We intend to temporarily abandon this well and hold for further evaluation within the next two years.

**RECEIVED**

OCT 29 1974

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Charles C. Joy

TITLE Superintendent

DATE 10-28-74

(This space for Federal or State office use).

**APPROVED**

DEC 3-1974

H. L. BEEKMAN  
ACTING DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:  
UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL OCTOBER **OCT 1 - 1975**

\*See Instructions on Reverse Side