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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
JUL 25 1980
O. C. D.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fed <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NM-02427

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW	7. Unit Agreement Name Sq. Lake Flood, West
2. Name of Operator Newmont Oil Company ✓	8. Farm or Lease Name Leonard
3. Address of Operator P. O. Box 1305, Artesia, New Mexico 88210	9. Well No. 3
4. Location of Well UNIT LETTER N , 660' FEET FROM THE South LINE AND 1980' FEET FROM THE West LINE, SECTION 34 TOWNSHIP 16 RANGE 30 NMPM.	10. Field and Pool, or Wildcat Square Lake (E-G) G-SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Bradenhead to surface

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Casing on clamp - 1" piped to surface. ✓

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Ernest J. McHenry</u>	TITLE <u>Office Manager</u>	DATE <u>7/25/80</u>
APPROVED BY <u>W. Williams</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>JUL 29 1980</u>

CONDITIONS OF APPROVAL, IF ANY: