

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI  
(Other instruction  
verse side)

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Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02427

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LEONARD

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec. 34-16S-30E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW

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

1980' FNL & 1980' FWL of Sec. 34; T-16S; R-30E

14. PERMIT NO.

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

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐

PULL OR ALTER CASING

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☐  
☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☒

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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(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 acidized as follows:

10-28-70: Clean out to 3086' and dump 500 gals 15% reg. acid into well and put on injection thru tubing at a slow rate.

10-29-70: Return well to injection.

Injection first five days averaged 180 BPD @ 1860 psi

RECEIVED

NOV 25 1970

RECEIVED

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

SIGNED

*Therman J. L. Lutter*

TITLE

Division Superintendent

DATE

11/17/70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES  
NOV 25 1970  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side