Capy to S7 N: ME C. C. C. CUM UN. D STATES DEPARTMENT OF THE INTERIOR (content interior). PRASE DESIGNATION INDISERIAL NO. NM-02427 GEOLOGICAL SURVEY G. IF INDIAN, ALLOTTEL OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (De 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 RECEIVED MELT XX METT Square Lake Flood (West) 8. FARM OR LEASE NAME 2. NAME OF OPERATOR SEP 19 1978 Leonard 🕏 Newmont 0il Company 9. WELL NO. ADDRESS OF OPERATOR O. C. C. P. O. Box 1305, Artesia, New Mexico 88210 LOCATION OF WELL (Report location clearly and in accordance with any State reported the See also space 17 below.) 10. PIELD AND POOL, OR WILDCAT Square Lake (G. SA) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660' FNL & 1980' FWL of Section 34 34-16S-30E NMPM 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. New Mexico 3750' GLM Eddy 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSECUENT REPORT OF : WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF PRACTURE TREATMENT ALTERING CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Note: Report results of multiply completion on Well Completion or Recompletion Report and Log form.) Place on production 17. DESCRIBE PROPOSED OF 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.)* SN, PN & MA). Ran 2145' 2 3/8" OD tbg, 2" x 1 1/2" x 10' pump plus 85 5/8" rods.

9-1-78---Tbg stuck, cut w/chemical cutter @ 2200' GLM. (135' 2 3/8" OD fish, not including

Put on production.

9-13-78--Well tested 2 BOPD and 1 BWPD after being pumped down.

Ü. S.

8. I hereby certify that the foregoing is true and cor	rect		
SIGNED Enext f. Milonago	TITLE Office Manager	DATE	9/14/78
(This space for Federal of State office use) APPROVED BY CONDITIONS OF APPROVAL IF ANY:	ACTING DISTRICT ENGINEER	DATE	SEP 18 1978