

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 063926

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GEO. ETZ.

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec. 35-16S-30E NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER W.I.W.

2. NAME OF OPERATOR
NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 1305, ARTESIA, NEW MEXICO

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. 35; 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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:

6-10-68 Clean out with sand pump to 3183'

6-11-68 Rig up and pump 1000 gals of 15% reg. acid and 5 gals Visco 1111 into formation. Shut well in 10 mins.

6-12-68 Return well to injection

Injection rate increased from 10 BWPD before treatment to 129 BWPD after treatment.

RECEIVED

SEP 17 1968

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNER

Herman Ledwith

TITLE

Division Superintendent

DATE

9/1/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

SEP 13

*R. L. DeL...
R. L. DE...
ACTING DISTRICT...*

*See Instructions on Reverse Side