

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPL. (TE)  
(Other instructions on reverse side)

Copy 65F

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WTW	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR NEWMONT OIL COMPANY	8. FARM OR LEASE NAME GEORGE ETZ
3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 88210	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FHL & 1980' FWL Sec. 35;T-16-S;R-30-E	10. FIELD AND POOL, OR WILDCAT SQUARE LAKE
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	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

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☒ XX  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## 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.)\*

We propose to treat this well with 1250 gallons 15% regular acid and return to injection.

RECEIVED  
DEC 16 1969  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO  
DEC 19 1969  
D. C. C.  
ARTESIA, OFFICE

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

SIGNED

*L. M. J. L. L. L.*

TITLE

Division Superintendent

DATE

12-15-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES  
DEC 18 1969

Date

ACTING

District Engineer

\*See Instructions on Reverse Side