

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

G. LEASE DESIGNATION AND SERIAL NO.

LC-063926

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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"/> WIW	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Square Lake Flood (West)
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
NEWMONT OIL COMPANY	George Etz
P.O. Box 1305, Artesia, New Mexico 88210	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	8
1980' FNL & 1980' FWL of Section 35	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.	SQUARE LAKE (G.SA)
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3779' GLM	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandonment <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

S1 3-73

We request an extension of approval for Temporary Abandonment for one year.  
This property is under study for tertiary recovery operations.

RECEIVED

OCT 22 1975

O. C. C.  
ARTESIA, OFFICE

RECEIVED

SEP 11 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Ernest J. McGarrigill*

TITLE

Office Manager

DATE

9-11-75

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY

DATE

UNLESS FURTHER APPROVED  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL, OCTOBER 1975

OCT 1 - 1975

See Instructions on Reverse Side

APPROVED BY  
OCT 2 1975  
H. L. BECK  
ACTING DISTRICT ENGINEER