

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES
(Other instructions on reverse side)

Copy to *LS*
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"/> WIW	7. UNIT AGREEMENT NAME Square Lake Flood (West)
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. 9-87
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980/5 3300' FHL & 610' FWL of Section 35	10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.S.A.)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-16S-30E NMPM
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3762' GLM	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 COMPLETION <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) <input type="checkbox"/>	
(Other) <input checked="" type="checkbox"/> Temporarily Abandon		(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 request approval to Temporarily Abandon this well and hold for possible 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 *Samuel J. McLaughlin* TITLE Office Manager DATE 9-11-75

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE APPROVED. WELL MUST

DATE

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

OCT 1 - 1975

See Instructions on Reverse Side

APPROVED
OCT 21 1975
[Signature]
ACTING DISTRICT ENGINEER