

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. BOX 1305, ARTESIA, NEW MEXICO</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FSL & 660' FEL of Sec. 19--T16S, R-31E</u></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>VICKERS NO.</u></p> <p>9. WELL NO. <u>5</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>SQUARE LAKE</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 19-16S-31E-NMPM</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>New Mexico</u></p>
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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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

We propose to clean out this well and treat with 1000 gals 15% reg. acid

RECEIVED

DEC 24 1968

**O. C. C.
ARTESIA, OFFICE**

RECEIVED
DEC 23 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Herman Beddether TITLE Division Superintendent DATE 9/30/68

(This space for Federal or State office use)

APPROVED BY R. L. BEEKMAN TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 23 1968
R. L. BEEKMAN

*See Instructions on Reverse Side