

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 029431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

VICKERS

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec. 19-16S-31E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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 ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR

NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. BOX 1305, ARTESIA, NEW MEXICO 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

600' FSL & 1980' FEL of Sec. 19, T-16S, R-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3852 GR

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)

Convert to WIW

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.)*

We propose to convert this well to WIW as approved on WFX 75.

RECEIVED

JUN-6-1969

U. S. GEOLOGICAL SURVEY

ARTESIA, N. M.

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

SIGNED

L. M. D. Sullivan

TITLE Division Superintendent

DATE June 4, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 5 - 1969

R. L. BEEKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side