

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

3. M. C. C. COPY
SUBMIT IN TRIP DATE*
(Other instruction n re-
verse 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

1. OIL ☐ GAS ☐ OTHER ☒ WIW
WELL WELL

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Convert to WIW

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.)*

This well was converted to WiW by approval of WFX 75 as follows:

5-10-69 Pulled rods, pumped and cleaned out.

5-11-69 Hooked up well for dual injection (thru tubing for Lovington, thru casing for Premier and Metex).

Injection first five days averaged---Lovington 120 BPD at 2125 psi, Premier and Metex 365 BPD at 700 psi.

RECEIVED
JUN-6-1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Hermon G. Lutter

TITLE Division Superintendent

DATE June 4, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

JUN 5 - 1969

R. E. BECKMAN

TITLE

DATE

*See Instructions on Reverse Side