

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Copy to SF
Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

LC-029431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Square Lake Flood (East)

8. FARM OR LEASE NAME

Vickers

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE (G.SA)

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

19-16S-31E NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

660' FSL & 1980' FEL of Section 19

14. PERMIT NO.

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

3853' GLM

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)

Temporary Abandonment

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

(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.)*

SI 10-73

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

Robert J. McLaughlin

TITLE

Office Manager

DATE

9-11-75

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

OCT 21 1975

H. C. BEEKMAN

ACTING DISTRICT ENGINEER

TITLE WELL MUST

DATE

UNLESS FURTHER APPROVED BY
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL OCTOBER 1976

*See Instructions on Reverse Side