

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029437

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GRIER

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec. 20-16S-31E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL ☐ GAS ☐
WELL 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

330' FSL & 510' FWL of Sec. 20, T-16S, R-31E

14. PERMIT NO.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☒

ABANDONMENT* ☐

(Other) ☐

(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 treated as follows:

1-26-69 Ran 4 3/4" bit and clean out to 3250'.

1-27-69 Cleaned out to 3428'.

1-28-69 Logged

1-29-69 Put well on injection.

2-15-69 Acidized with 1000 gallons 15% regular acid.

2-16-69 Returned well to injection.

Injection first five days averaged 32 BPD @ 2125 psi.

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

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

SIGNED

Herman J. L. Bickman

TITLE

Division Superintendent

DATE June 3, 1969

(This space for Federal or State office use)

APPROVED BY
CONVENTION OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
JUN 5 - 1969

R. L. BICKMAN
ACTING DISTRICT ENGINEER

*See instructions on Reverse Side