

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 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 ☐ 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 ☐

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) ☐

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 treated as follows:

4-30-69 Set packer at 3089' with bottom of tubing at 3280'.

Frac with 30,000 gallons water, 30,000# of 20/40 sand 500 gallons 15% regular acid.

5-1-69 Circulate and clean out

5-7-69 Put well on injection.

Injection first five days averaged 190 bbls per day at 2100 psi.

RECEIVED  
JUN-6 1969  
U. S. GEOLOGICAL SURVEY  
ARTESIA, N. M. DISTRICT

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

SIGNED

*Herman Ledwith*

TITLE Division Superintendent

DATE June 3, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

A-3020  
JUN 5 - 1969  
H. L. BEEKMAN  
ACTING DISTRICT SUPERVISOR

\*See Instructions on Reverse Side