

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LC-029437

SUNDRY NOTICES AND REPORTS ON WELLS

(This form is to be used for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR
NEWMONT OIL COMPANY ✓

APR 26 1978

3. ADDRESS OF OPERATOR
P.O. Box 1305, Artesia, New Mexico 88210

O. C. C.

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 Section 20

UNIT AGREEMENT NAME
Square Lake Flood (East)

5. FARM OR LEASE NAME
Grier

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Square Lake (CSA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3/
Sec 20, T16S, R10E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3911 GR.

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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* ☐

Repair of Tubing Leak ☒

(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.)*

4-13-78 -- We moved pulling unit on well and pulled tubing, locating hole 56 joints down, joint was replaced, tubing reran and well returned to injection.

RECEIVED
APR 19 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

[Signature]

TITLE

Office Manager

DATE 4/18, 1978

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE ACTING DISTRICT ENGINEER

DATE APR 25 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side