		NAM: 0	C. C. COPX	Capip to	\$ <del>J</del>	
'orm 9–331 May 1963)	DEPARTMENT	D STATES DF THE INTERIGICAL SURVEY	SUBMIT IN LICA	TE. Form appro	ved. eau No. 42-R1424. N AND BERIAL NO. (b)	
(Do not use th	NDRY NOTICES A s form for proposals to dril Use "APPLICATION FOR	ND REPORTS C 1 or to deepen or plug be R PERMIT-" for such pr	)N WELLS ack to a different reservoir. opposals.)	0. IF INDIAN, ALLOTI		
1. OIL XX GAS WELL X WELL OTHER 2. NAME OF OPERATOR				Square Lake	7. UNIT AGREEMENT NAME Square Lake Flood (East) 8. FARM OR LEASE NAME	
NEWNONT OIL COMPANY V				Johnson		
3. ADDRESS OF OPERATOR				9. WELL NO.	9. WELL NO. • 4	
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				10. FIELD AND POOL, SQUARE LAKE	10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA) 11. SEC., T., B., M., OR BLE. AND	
1980' FSL & (	660' FWL of Secti	28-165-31E	28-165-31E NMPM			
4. PERMIT NO.		980 <sup>1</sup> GLM	RT, GR, etc.)	12. COUNTY OR PARIS	New Mexi	
6.	Check Appropriat	e Box To Indicate N	ature of Notice, Report,	or Other Data		
	NOTICE OF INTENTION TO:		80	BSEQUENT REFORT OF:	[]	
TEST WATER SHUT		LTER CASING	WATER SHUT-OFF FRACTURE TREATMENT	ALTEBING		
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING					ABANDONMENT* Y Abandonment XX	
(Other)			t details, and give pertinent	esults of multiple completio completion Report and Log	form.)	
Were This	quest an extensi property is unde	on of approval r study for ter	for Temorary Aban tiary recovery op	erations.	year .	
	•		RECEIVE	D RECE		
			OCT 2 2 1975			
			O. C. C.	U. P. GTOLAGA AMERIA, REI I		
18. I hereby certify th SIGNED Z	at the foregoing is true an	d correct	Office Manager	DATE	9-11-75	
APPROVED BT	APPROVAL, IF ANY :	URTHER APPROVED.	NEL <mark>C MUST</mark> PLUGGED BY	Date		
X / Dam	UNLESS BE PUT T APRIL O	COT 1 - 1976				