

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNM OIL CONS. COMMISSION
SUBMIT IN TRIPPLICATE
Drawings (See instructions on
reverse side)
Artesia, NM 8821045F
Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SI - WIW		JUN 24 1982		5. LEASE DESIGNATION AND SERIAL NO. LC-060543	
2. NAME OF OPERATOR Newmont Oil Company ✓		O. C. D. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1305 Artesia, N. Mexico 88210				7. UNIT AGREEMENT NAME Square Lake Flood (East)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL of Sec. 29				8. FARM OR LEASE NAME Bruning	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3970' GLM		9. WELL NO. 5	
				10. FIELD AND POOL, OR WILDCAT Square Lake (G. SA)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-16S-31E	
				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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

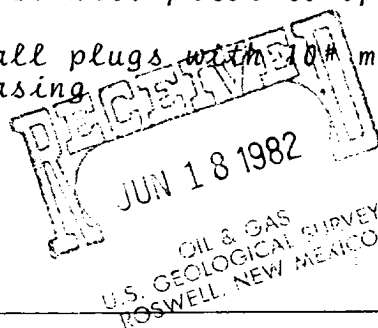
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

We propose to plug and abandon the above well as follows:

1. Pull tubing and packer
2. Set bridge plug near casing seat and cap with 25 sack cement plug.
3. Perforate at base of salt and squeeze with 50 sacks cement leaving 100' plug in casing.
4. Perforate at top of salt and squeeze with 50 sacks cement leaving 100' plug in casing. (732' - 632')
5. Set 15 sack cement plug at surface, down surface, and production casing.
6. Erect permanent well marker.

Note: (a). Your office will be notified 24 hrs. prior to operations.
(b). All plugs will be tagged
(c). Hole will be loaded between all plugs with 10# mud
(d). We do not plan to pull any casing



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

SIGNED

TITLE

Area Manager

DATE

6/14/82

(This space for Federal approval only)

APPROVED BY
(Orig. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 23 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side