Copy to SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LC-060723

SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☐ GAS WELL ☐ OTHER WIW

RECEIVED
OCT 6 1978
O. C. C.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME: Square Lake Flood (East)

2. NAME OF OPERATOR: NEWMONT OIL COMPANY

8. FARM OR LEASE NAME: Texas Trading "A"

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

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: 660' FSL & 660' FWL of Section 29

10. FIELD AND POOL, OR WILDCAT: SQUARE LAKE (G.SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 29-16S-31E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3888' GLM

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Temporary Abandonment			XX
(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.)*

We request an extension of approval for Temporary Abandonment for one year. This property is under study for tertiary recovery operations.

RECEIVED
SEP 29 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 9/29/78

(This space for Federal or State office use)

APPROVED BY [signature] TITLE ACTING DISTRICT ENGINEER DATE OCT - 4 1978

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICAL USE OR PLUGGED BY APRIL - OCTOBER OCT 1 - 1979

*See Instructions on Reverse Side