

Form 9-331
(May 1963)

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-060723

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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.
2

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, OR WILDCAT
SQUARE LAKE (G.SA)

660' FSL & 1980' FWL of Section 29

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3931' 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:

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) Temporary Abandonment

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.)*

51 4-64

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

RECEIVED

OCT 22 1975

O. C. C.
ARTESIA, OFFICE

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

SIGNED *Samuel J. McGonagall* TITLE Office Manager

DATE 9-11-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1975

R. L. BEEK
ACTING DISTRICT ENGINEER

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY APRIL OCTOBER 197-1976

*See Instructions on Reverse Side