Copy to ST THE BUTEFLOR OF SUNDRY NOTICES AND REPORTS ON WELLS the not use the form for propertie to each or to despen or the back to a different recriver. Use "AI PLICATION FOR PLICATION FOR PRIMIT-" for such proposals.) 7 INT ALLINENT NAME Isuare Lake Flood (East) RECEIVED WELL XX OTHER S. FARM OL LEASE NAME 2. NAME OF OPERATOR Texas Trading "A" NEWMONT OIL COMPANY 9. WELL NO. 8. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements. C. See also space 17 below.)
At surface P.O. Box 1305, Artesia, New Mexico 88210 10. FIELD AND POOL, OR WILDCAT SOUARE LAKE (G.SA) ARTESIA, OFFICE 11 SHC., T., E., M., OR BLK. AND STRVEY OF AREA 29-16S-31E NMPM 660' FSL & 1980' FWL of Section 29 12. COUNTY OF PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. New Mexico Eddy 3931' GLM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16.

NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING RHOOT OR ACIDIZE

ABANDON\* Temporary / Landonment (Other) CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SUBSEQUENT REPORT OF:

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.)\*

REPAIR WELL

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

18. I hereby certify that the foregoing is true and correct	TITLE	Office Manager	DATE _	9/29/78
(This space for Federal or State office usy)	TITLE	ACTING DISTRICT ENGINEER	DATE _	OCT - 4 1978
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:				