	_ N. M.	C. C. COPY	(DP4 70)
Form 9-331 (May 1963)	ED STA	TES SUBMIT IN THE (Other instruct verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
•	GEOLOGICAL S		Fed LC=029431
	NDRY NOTICES AND R is form for proposals to drill or to de Use "APPLICATION FOR PERMIT	sepen or plug back to a different rese	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL Y GAS			7. UNIT AGREEMENT NAME
WELL LA WELL 2. NAME OF OPERATOR	UINEK		8. FARM OR LEASE NAME
Newmont Oil Company 3, ADDRESS OF OPERATOR			Vickers
		9. WELL NO.	
dP. 0. Box	1305, Artesia, New Mex (Report location clearly and in accord	10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL See also space 17 b At surface	(Report location clearly and in accord	ance with any State requirements.	Square Lake
	(A) 551 -6 Can 20 T -	14 C D = 21 F	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1980' FNL 6	60' FEL of Sec 30, T -	16 5, K = 31 L.	Sec 30-T 165- R 31E NMPM
14. PERMIT NO.	15. ELEVATIONS (S	Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
·		3591	Eddy New Mexico
16.	Check Appropriate Box T	o Indicate Nature of Notice, R	eport, or Other Data
	NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT	PULL OR ALTER CASI	NG WATER SHUT-O	REPAIRING WELL
FRACTURE TREAT	X MULTIPLE COMPLETE	FRACTURE TREA	TMENT ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR A	CIDIZING ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other)(Note: R	eport results of multiple completion on Well
17. DESCRIBE PROPOSED proposed work. nent to this work	If well is directionally drilled, give	ate all pertinent details, and give be	on or Recompletion Report and Log form.) tinent dates, including estimated date of starting any d true vertical depths for all markers and somes perti-
We propose	to Acidize and Fracture	e treat this well usin	g 500 gals of 15 % HCL Acid and
15,000 lbs o	f sand in 15,000 gals	of lease crude.	
			기계 기
			그 그 그 그는 사람들은 그를 다는 것
		RECEIVED	
		R E -	RECEIVED
		APR 2 1 1972	APR 20 1972
		men !	V. O. GEOLES SIGAL CHIDARA
		ARTESIA. OF THE	ARTES A STULMFYICO
18. I hereby certify th	nat the foregoing is true and correct		
SIGNED A	no Xillettu	TITLE Division Superin	tendent DATE 4/19/72
(This space for F	ederal of State office use)	TITLE	DATE
A conditions of	APPROVAL, IF ANY:		

*See Instructions on Reverse Side