

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instruct  
verse side)ICATE  
on re-Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC 029431

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <i>East Square Lake</i>	
2. NAME OF OPERATOR <i>NEWMONT OIL COMPANY</i>		8. FARM OR LEASE NAME <i>VICKERS</i>	
3. ADDRESS OF OPERATOR <i>P. O. BOX 1305, ARTESIA, NEW MEXICO - 88210</i>		9. WELL NO. <i>4</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i>  <i>660' FNL &amp; 1980' FEL of Sec. 30; T-16S-R-31E</i>		10. FIELD AND POOL, OR WILDCAT <i>East Square Lake</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 30-16S-31E NMPM</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3275'</i>		12. COUNTY OR PARISH <i>Eddy</i>	
		13. STATE <i>New Mexico</i>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

This well was frac'd as follows:

- 3/25/68 Clean out, check TD & set packer at 2890'
- 3/26/68 Frac well with 250 gals of 15% acid and 996 bbls salt water with 38,000# of 20/40 sand
- 3/27/68 Backflow overnight
- 3/28/68 Cleaned out with sand pump and rerun production equipment

Production after five days averaged 8 BO &amp; 154 BW per day.

RECEIVED

APR 17 1968

U. S. G. C.  
ARTESIA, OFFICERECEIVED  
APR 17 1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

ORIGINAL SIGNED BY

SIGNED

H. J. LEDBETTER

TITLE

Division Superintendent

DATE 4/16/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APR 17 1968