Copy to AT NAME OF C. C. COPY Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TR. CATE. U FED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side) Form 9-331 G. LEASE DESIGNATION AND SERIAL NO. (Xay 1963) LC-029431 GEOLOGICAL SURVEY 8. 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.) 7. UNIT AGREEMENT NAME Square Lake Flood (East) MELL XX WELL OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Vickers NEWMONT OIL COMPANY 9. WELL NO. 3. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface P.O. Box 1305, Artesia, New Mexico 88210 10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA) 11. SEC., T., B., M., OR BLK. AND SURVEY OR ARBA 1345' FNL & 1345' FEL of Section 30 30-16S-31E NMPM 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. New Mexico 38581 GLM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE PRACTURE TREAT SHOOTING OR ACIDIZING ABANDON* Temporary Abandonment SHOOT OR ACIDIZE (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) CHANGE PLANS REPAIR WELL 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 sones pertinent to this work.) * 51 1964 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 FRIENA, NEW MEXICO

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

SIGNED Enter M. M. Original TITLE

(This space for Raderator State office use)

ADAD ROYALD BY

CONDITIONS OF APPROVAL IF ANY:

UNLESS FURTHER APPROVED.

BE PUT TO BENITFICAL USE OR PLUGGED BY

UNLESS FURTHER APPROVED.

BE PUT TO BENITFICAL USE OR PLUGGED BY

APRIL. BEEKNING

APRIL. See Instructions on Reverse Side