

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Copy to 17

Form approved.  
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

LC-056302(b)

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Square Lake Flood (East)

8. FARM OR LEASE NAME

Johnson

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE (G.SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33-16S-31E NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u></p>	
<p>2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u></p>	
<p>3. ADDRESS OF OPERATOR <u>P.O. Box 1305, Artesia, New Mexico 88210</u></p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>660' FNL &amp; 660' FWL of Section 33</u></p>	
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.)  <u>4001' GLM</u></p>

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 ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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.)\*

51-7-70

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

**RECEIVED**

OCT 22 1975

O.C.C.  
ARTESIA, OFFICE

**RECEIVED**

OCT 21 1975

U.S. GEOLOGICAL SURVEY  
ALBUQUERQUE, NEW MEXICO

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

SIGNED

Ernest J. McLaughlin

TITLE

Office Manager

DATE

9-11-75

(This space for Federal or State office use)

**APPROVED**

APPROVED BY

TITLE

WELL MUST

DATE

OCT 21 1975

UNLESS FURTHER APPROVED, WELL MUST

BE PUT TO BENEFICIAL USE OR PLUGGED BY

OCT 1 - 1976

\*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER