				CISF
	UN ED STATES M	OIISUCANE INCIDAL		I. No. 42-R1424.
DEPART	MENT OF THE INTER AT BEOLOGICAL SURVEY AT	OR venoside)	5. LEASE DESIGNATION AT $LC = 0.56302$ (ND BERIAL NO.
			6. IF INDIAN, ALLOTTEE	
(Do not use this form for propos	ICES AND REPORTS C sals to drill or to deepen or plug bu ATION FOR PERMIT—" for such pr	ack to a different reservoir.		
		JUN 2 3 1982	7. UNIT AGREEMENT NAM	
OIL GAS WELL OTHER	TA - WIW		Square Lake	
2. NAME OF OPERATOR Newmont Or	il Company V	O. C. D. ARTESIA, OFFICE	Johnson	
ADDRESS OF OPERATOR			9. WELL NO. No. 6	
P. O. BOX		····,	10. FIELD AND POOL, OR	WILDCAT
See also spuce 17 below.) At surface			Square Lake 11. BEC., T., B., M., OR BL	
660' FNL & 66	60' FEL of Sec. 33	3	SURVEY OR AREA	
	-		Sec. 33-1	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 4001'		Eddy	New Mexico
16. Check A.	ppropriate Box To Indicate N	ature of Notice, Report, or (Dther Data	
NOTICE OF INTEN			UENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WI	
	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CAS	
	ABANDON* XX CHANGE PLANS	SHOOTING OR ACIDIZING (Other)		
(Other)		Completion or Recomp	s of multiple completion or detion Report and Log form	n.)
17. DESCRIBE PROPOSED OR COMPLETED OPP proposed work. If well is direction nent to this work.) *	onally drilled, give subsurface locat	ions and measured and true vertic	al depths for all markers	and zones perti-
We propose to plug	and abandon the c	ibove well as fol	lows:	
1. Pull tubing and				
	ement plug across ing casing seat (
cap with 25 sad	ck cement plug.			
3. Perforate at bo plug in casing	ase of salt and so	queeze with 50 sa	cks cement le	aving 100'
	op of salt and squ	ieeze with 50 sac	ks cement lea	ving 100'
plug in casing		and down when	and nuaduata	n actina
5. Set 15 sack cer 6. Erect permanen:	ment plug at surfo t well marker	ice, down surace	απά ρποαμέλο	n casing.
Natas lal Va	ur office will be	natiliad 21 htt	ntian ana	rations
(b) · Al	l plugs will be to	agged	12 ANNON	
(c). Ho.	le will be loaded	between all plug	s with 10# mu	d
(u). we	do not plan to pl	ice any casing	B. S.	÷.
		le l		jo
18. I hereby certify that the foregoing i	to the and correct		the state	· .
SIGNED Control of Mark	mall TITLE	Area Manager	DATE 6	/14/82
(This space for Federal or State off				·····
(Drig. Sgd.) PETER			date	
APPROVED BY CONDITIONS OF APPROVAL IF	982			
FOR				
JAMES A. GI	LLHAM *See Instruction:	s on Reverse Side		
DISTRICT SUPE	IN TIJUN			