

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TR. .CATE\*  
(Other Instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

LG-056302(b)

8. IF INDIAN, ALIOTTEE 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)

8. FARM OR LEASE NAME

Johnson

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE (G.SA)

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

33-16S-31E NMMP

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
HEYMONT OIL COMPANY ✓

3. ADDRESS OF OPERATOR  
P.O. Box 1305, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

2310' FSL & 1650' FEL of Section 33

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, OR, etc.)

3973' GLM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Temporary Abandonment <input checked="" 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.)\*

SI 3-70

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

O. C. C.  
ARTESIA, OFFICE

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

SIGNED [Signature] TITLE Office Manager DATE 9-11-75

(This space for Federal or State office use)

APPROVED BY  
OCT 2 1975  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO USE OR PLUGGED BY  
OCT 1 - 1976

\*See Instructions on Reverse Side