

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR CATE*
(Other instructions on reverse side)

Copy to AS

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-056302(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Square Lake Flood (East)

8. FARM OR LEASE NAME

Johnson

9. WELL NO.

16

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ WIW

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

330' FSL & 2310' FEL of Section 33

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3961' GLM

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Temporary Abandonment ☒

(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 2-70

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

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED

Robert J. McLaughlin

TITLE

Office Manager

DATE

9-11-75

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL

OCT 21 1975

H. L. BEEKMAN

ACTING DISTRICT ENGINEER

UNLESS FURTHER APPROVED WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL 01 1976

*See Instructions on Reverse Side