	Na M e	C. C. COPY		Capy to	43	
Form 9-331 (May 1963)	L'Ê'TED STATES	SUBMIT IN TH	ICATE.	Form approve	ed. 11 No. 42-R1424.	
0.	GEOLOGICAL SURVEY			LC-060548	•	
				6. IF INDIAN, ALLOTTER	OR TRIBE NAME	
	Y NOTICES AND REPORT for proposals to drill or to deepen or pl "APPLICATION FOR PERMIT-" for su		oir.			
1	7. UNIT AGREEMENT NAME					
WELL XX WELL	Square Lake Flood (East)					
2. NAME OF OPERATOR	8. FARM OR LEASE NAME					
NEWMONT OIL COMPA	Johnson A					
3. ADDRESS OF OPERATOR	9. WELL NO.	•				
P.O. Box 1305, Ar	3					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				10. FIELD AND POOL, OR WILDCAT		
At surface				SQUARE LAKE (G.SA)		
				11. SEC., T., B., M., OR BLK. AND SURVEY OR ARBA		
1980' FNL & 1980'	FWL of Section 33					
				33-165-31E NMPM		
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE	
	3969 GLM			Eddy	New Mexic	
16. (Check Appropriate Box To Indica	te Nature of Notice, Re	port, or C	Other Data		
NOTICE OF INTENTION TO: SUBSEQU				JENT REPORT OF :		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF		REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREAT	LENT	ALTERING C	ABING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACI	DIZING	ABANDONME	NT*	
REPAIR WELL	CHANGE PLANS	(Utilet)	· · · · · · · · · · · · · · · · · · ·	Abandonment	XX	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				
17. DESCRIBE PROPOSED OR COM proposed work. If well nent to this work.) *	PLETED OPERATIONS (Clearly state all per is directionally drilled, give subsurface	tinent details, and give perti- locations and measured and	nent dates, true vertica	including estimated dat	te of starting any	
		51 8-69	<u>}</u>			
	. .					
	t an extension of approv				ear.	
inis prop	erty is under study for	tertiary recovery	operat	tions.		
				7		

· ·	RECEIVED	
	OCT 2 2 1975	
	D. C. C. ARTESIA, OFFICE	U. R. GERLAND CHERTY ANIEUR, C. LA FLEXIOU
18. I hereby certify that the foregoing is true and correct . SIGNED	Office Manager	DATE
ADPROVED BY OCTONOTIONAL OF APPROVAL, IF ANT: UNLESS FURTHER APPROVAL OF UNLESS FURTHER APPROVED OR UNLESS FURTHER APPROVAL OR BE PUT TO BENEFICAL USE OR BE PUT TO BENEFICAL USE OR BE PUT TO BENEFICAL 1971976	WELL MUST	DATE
R. L. BEEKIVININ BE POLOCTORUL I - 1010	ons on Reverse Side	