· Corry to SF

	un = 331 y 1963) UN ED STATES SUBMIT IN TRIP ATE (Other instruction 1 re	Budget Bureau No. 42-R1424.		
	DEPARTME OF THE INTERIOR (Other Instruction of the	5. LEASE DESIGNATION AND SERIAL NO.		
	GEOLOGICAL SURVEY	LC 060548		
	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.)	6. IF INDIAN, ALLOTTER OR TRIBE NAME		
	OIL CAS WELL OTHER WIW	7. UNIT AGREEMENT NAME		
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME		
	Newmont Oil Company	Johnson"A"		
3.	ADDRESS OF OPERATOR	9. WELL NO.		
	P. O. Box 1305, Artesia, New Mexico 88210	1		
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT		
	See also space 17 below.) At surface	Square Lake		
	660' FNL & 1980' FWL of Sec. 33; T-16S; R-31E	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA  Sec. 33-16S-31E NMPM		
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH 13. STATE		
		Eddy New Mexico		
6.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
	NOTICE OF INTENTION TO: SUBSE	QUENT REPORT OF:		
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL		
	FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Return well to injection 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.)\*

SHOOTING OR ACIDIZING

(Other)

We propose to change well from Shut-in to Injection

ABANDON\*

CHANGE PLANS

Well was 51 7-15-20

SHOOT OR ACIDIZE

RECEIVED

OCT 27 1970 U. S. ŒOLGGA.

18. I hereby certify that the foregoing is true and corre	TITLE Division Superintendent	DATE 10/19/70
(This space for Federal or State office use)		
entitions of approval, if any:	TITLE	REGEIVED
Bull	*See Instructions on Reverse Side	OCT 2 S 1970

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