	* n		LC 063368
Form 9-331 (May 1963)	U TED STATES DEPARTMENT OF THE INTER	SUBMIT IN TRI (Other Instruction, on re- verse side)	Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	0)   \//[[]   (	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	NDRY NOTICES AND REPORTS s form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such		
OIL VY GAS		7. UNIT AGREEMENT NAME	
WELL XX WELL OTHER  2. NAME OF OPERATOR			East Square Lake 8. FARM OR LEASE NAME
NEWMONT OIL COMPANY			Texas Trading
3. ADDRESS OF OPERATO		9. WELL NO.	
4. LOCATION OF WELL (	O. Box 1305, Artesia, New Me: Report location clearly and in accordance with an	10. FIELD AND POOL, OR WILDCAT	
See also space 17 be At surface	low.)	Square Lake	
***			11. SEC., T., E., M., OR BLK. AND SURVEY OR ARBA
6601	FNL & 660' FWL of Sec. 33; To	Sec. 33-16S-3TE NMPM	
14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 13. STATE
	39421		Eddy N.M.
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data
	NOTICE OF INTENTION TO:		ENT REPORT OF:
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	XX ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENTS
REPAIR WELL (Other)	CHANGE PLANS	(Other)(Note: Report results	of multiple completion on Well etion Report and Log form.)
nent to this work.  We pro	pose to shoot well with 200 q	ts. of Nitro at 3345'.	at a distribution of the d
well t	o production.		reo intological consistency of electron and formal consistency of the
,	OCT 1 5 197	ED RECE	The transport of transport o
	13/	70 OCT13	
	ARTESIA C. C.	U. S. GEOLAGE	
	ARTESIA, OFFICE	ARTESIA, MEI	(4 <b>MEX160</b> } = # # # # # # # # # # # # # # # # # #
18. I hereby certify tha	t the foregoing is true and gorrect		
signed (	ing Liberth TITLE	Division Superintend	ent <sub>DATE</sub> 10/12/70
(This space for Fed	eral or State office use)		
APPROVED OF	DDDDOVAL IN ANY.		DATE
YOUM	APPROVAL, IF ANY:		
M S	har		
1 Leek	MA: *See Instructio	ns on Reverse Side	