

N. M. O. C. C. COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TR. CATE\*  
(Other instructions on re-  
verse side)

*Copy to SF*

Form approved.  
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.  
**LC-063368**

8. IF INDIAN, ALLOTTEE 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <b>NEWMONT OIL COMPANY</b></p> <p>3. ADDRESS OF OPERATOR <b>P.O. Box 1305, Artesia, New Mexico 88210</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b></p> <p style="margin-left: 40px;"><b>810' FSL &amp; 1980' FWL of Section 33</b></p>	<p>7. UNIT AGREEMENT NAME <b>Square Lake Flood (East)</b></p> <p>8. FARM OR LEASE NAME <b>Texas Trading</b></p> <p>9. WELL NO. <b>7</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>SQUARE LAKE (G.SA)</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>33-16S-31E NMPM</b></p> <p>12. COUNTY OR PARISH <b>Eddy</b></p> <p>13. STATE <b>New Mexico</b></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>3954' GLM</b></p>

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\* ☒

(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 5-72*

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**

**RECEIVED**

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*[Signature]*

TITLE

Office Manager

DATE

**9-11-75**

**APPROVED**

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

UNLESS

FURTHER APPROVED

TITLE WELL MUST

DATE

BE PUT TO

BE PUT TO TECHNICAL USE OR PLUGGED BY

APRIL

**OCT 1 - 1976**

**H. L. BEEKWIND  
ACTING DISTRICT ENGINEER**

\*See Instructions on Reverse Side