

UNITED STATES GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
NMOCC COPY
SUBMIT IN TRIP (Other instruction verse side)

copy to SF
Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to change the character of a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NOV 7 1977	5. LEASE DESIGNATION AND SERIAL NO. LC-056302 (b)
2. NAME OF OPERATOR NEWMONT OIL COMPANY	D. C. C.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210	ARTESIA, OFFICE	7. UNIT AGREEMENT NAME Square Lake Flood (East)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Kennedy
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Square Lake (G.SA)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-16S-31E NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4050' GLM	12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Place on production <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

We have tested this well since July 1, 1977 and find it is capable of producing in economical quantities. We request permission to return this well to active production.

RECEIVED
NOV 2 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Ernest J. McLaughlin TITLE Office Manager

DATE 11/1/77

(This space for Federal or State office use)

APPROVED BY Joe D. Lamm TITLE ACTING DISTRICT ENGINEER

DATE NOV 4 - 1977

CONDITIONS OF APPROVAL, IF ANY: