

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other, instruct
verse side)DATE
on reForm approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 065561-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carper Federal "A" L

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Square Lake

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34-16S-31E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1.

OIL ☐ GAS ☐
WELL WELL OTHER

WIW

2. NAME OF OPERATOR

Newmont Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1305, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 660' FEL of Sec. 34; T-16S, R-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

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.)*

This well was acidized as follows:

8-28-70: Circ. from 3505 to 3740'.

8-29-70: Circ. out to 3815 T.D.

8-30-70: Set bit at 3755' and pump 1000 gals 15% reg acid & shut in

8-31-70: Run tubing and return well to injection.

Injection first five days averaged 210 BPD @ 2350 psi

RECEIVED

OCT 15 1970

D. C. C.

RECEIVED

OCT 13 1970

U. S. GEOLOGICAL
ARTESIA, N.M.

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

SIGNED

Hermon J. Lullutter

TITLE

Division Superintendent

DATE

10/13/70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES
OCT 14 1970

Date

ACTING

District Engineer

*See Instructions on Reverse Side