

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Copy To *JS*
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 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 NEWMONT OIL COMPANY ✓</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL of Section 34</p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. LC-065561 A</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Square Lake Flood (East)</p> <p>8. FARM OR LEASE NAME Carper Fed A & B</p> <p>9. WELL NO. 4</p> <p>10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA)</p> <p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 34-16S-31E NMPM</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, ST, GR, etc.)</p>		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandonment <input checked="" 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.)*

SI 5-71

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

Ernest A. McBratney

TITLE

Office Manager

DATE

9-11-75

APPROVED
OCT 22 1975
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

APPROVED. WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
OCT 1 1976
APRIL 1 1976

*See Instructions on Reverse Side