

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029438-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CARPER FEDERAL

9. WELL NO.

NO. 5

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec. 34-16S-31E - NMMP

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR
NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 1305, ARTESIA, NEW MEXICO

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

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

14. PERMIT NO.

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

4009'

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:

4-26-68: Rig up sand pump and clean out to T.D.

4-27-68: With two packers set 33' apart the following intervals were treated:

3607-3640 with 250 gals 15% acid
3572-3605 " " " " "
3539-3572 " " " " "
3503-3536 " " " " "
3452-3485 " " " " "

4-28-68: Clean out and return well to injection.

Injection rate was increased from 40 BWPD to 496 BWPD.

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

SIGNER

TITLE Division Superintendent

DATE August 29, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COPIES OF APPROVAL, IF ANY:

APPROVED
SEP 11 1968
R. L. CLEGGAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED
SEP 10 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO