N. M. O. O. C. CLIV

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Form 9-331 (May 1963)	DESTB.	UN TO STATES TMENT OF THE INT		TE•	Form approve Budget Bures 5. LEASE DESIGNATION		
	DL. AIT	GEOLOGICAL SURVEY			LC-029438(b)		
 	SHNDRY NO	TICES AND REPORT	'S ON WELLS		6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
(Do not u		posals to drill or to deepen or p ICATION FOR PERMIT—" for si					
<u></u>				n	7. UNIT AGREEMENT NA		
watt	WELL OTHER	WIW	RECEIVE		Square Lake F		
2. NAME OF OPER							
NEWMONT OF			5 1974		Carper Feder		
3. ADDRESS OF O	PERATOR		DCC -		9. WELL NO.		
P.O. Box 1	.305,				5		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. L. See also space 17 below.) At surface					Square Lake (G.SA)		
	<i>[2</i>]	, .			11. SEC., T., R., M., OR SURVEY OR AREA	BLK. AND	
1980' FS	L & 1980' F ¢	L of Section 34			34-16S-31E	NMPM	
14. PERMIT NO.		15. ELEVATIONS (Show wheth	ner DF, RT, GR, etc.)		12. COUNTY OR PARISE	1 13. STATE	
		4009 GLM			Eddy	New Mexico	
16.	Check ,	Appropriate Box To Indica	ite Nature of Notice, Repo	rt, or O	ther Data		
	NOTICE OF IN	TENTION TO:	1	SUBSEQUENT REPORT OF:			
TEST WATER	SH CM-OND	PULL OR ALTER CASING	WATER SHUT-OFF		REPAIRING	WELL	
	 .	MULTIPLE COMPLETE	FRACTURE TREATMEN	TT T	ALTERING C		
FRACTURE TR		ABANDON*	SHOOTING OR ACIDIZ		ABANDONME	<u> </u>	
SHOOT OR AC		CHANCE PLANS	(Other)		1		

(Other) Temporarily Abandon XX (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.)

RECEIVED

OCT 2 9 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and signed Charles C Joy	TITLE Superintendent	DATE	-28-74
(This space for Federal or State office use)	mint is well MUST	DATE	
APPROVED TO APPROVAL, OF ANY: UNLESS FI UNLESS FI	JATHER APPROVED. WELL MUST DENT-TO-ER OCT 1 - 1975 *See Instructions on Payers Side		
DEC APRIL OC APRIL OC	*See Instructions on Reverse Side		