

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to SS
LC-029438 (b)

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW		RECEIVED OCT 4 1978 D. C. C. ARTESIA, OFFICE	7. LAND OWNERS NAME Square Lake Flood (East)
2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓			8. FARM OR LEASE NAME Carper Federal
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210			9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA)
1980' FSL & 1980' FWL of Section 34			11. SEC., T., E., M., OR BLE. AND S. E. V. OR AREA 34-16S-31E NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4009' 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 ☐

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) Temporary Abandonment ☒

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).*

We request an extension of approval for Temporary Abandonment for one year.
This property is under study for tertiary recovery operations.

RECEIVED

SEP 29 1978

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>[Signature]</u>	TITLE <u>Office Manager</u>	DATE <u>9/29/78</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>OCT - 3 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY

DATE OCT 1 - 1979

*See Instructions on Reverse Side