

N.M.D. C. C. COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-056302(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Square Lake Flood (East)

8. FARM OR LEASE NAME

Johnson

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE (G.SA)

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

34-16S-31E NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

## 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

2. NAME OF OPERATOR

HEWMONT 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

990' FSL &amp; 1980' FEL of Section 34

14. PERMIT NO.

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

4008' GLM

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) Temporarily Abandon ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

XX

## 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.)\*

We request approval to Temporarily Abandon this well and hold for possible tertiary recovery operations.

RECEIVED

OCT 22 1975

O. C. C.  
ARTESIA, OFFICE

RECEIVED

SEP 11 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Office Manager

DATE

9-11-75

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

W. E. BEEKIN

ACTING DISTRICT ENGINEER

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

DATE

\*See Instructions on Reverse Side