

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN THE  
(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

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u></p> <p>2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 1305, Artesia, New Mexico 88210</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) <u>At surface</u> <u>990' FSL &amp; 1980' FEL of Section 34</u></p> <p>14. PERMIT NO.</p>	<p>7. UNIT AGREEMENT NAME <u>Square Lake Flood ( East)</u></p> <p>8. FARM OR LEASE NAME <u>Johnson</u></p> <p>9. WELL NO. <u>12</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>SQUARE LAKE ( G.SA)</u></p> <p>11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA <u>34-16S-31E NMPM</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, or both) <u>4008'</u></p>	<p align="center"><b>RECEIVED</b> <b>JUL 22 1977</b> <b>D.C.C.</b> <b>ARTESIA, OFFICE</b></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) <u>Returning well to injection</u> <input checked="" type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) <u>returning well to inj.</u> <input checked="" type="checkbox"/>			

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 will check the T.D. of this well and clean out if needed, then place back on injection.

when subsequent report is filed  
please include such information **RECEIVED**  
as (1) type & size of tubing & packer  
(2) depth at which packer is set **JUL 20 1977**  
(3) information on any **U.S. GEOLOGICAL SURVEY**  
corrosion inhibitor fluid  
placed in the tubing-casing  
annulus

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

SIGNED

TITLE

Office Manager

DATE

7/19/77

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

JUL 21 1977

CONDITIONS OF APPROVAL, IF ANY: