Form 9-331 (May 1963)		IOCC COPY UI TED STATES MEIN FOF THE I		BMIT IN TRI Other Instructions (1986)	'ATE*	5. LEASE DESIGNATION	ed. au No. 42-R1424. AND SERIAL NO.	
	G	EOLOGICAL SUR	VEY			LC-065561		
		CES AND REPC				6. IF INDIAN, ALLOTTER	OR TRIBE NAME	
OIL GAS		WIW				7. UNIT AGREEMENT NA Square Lake F	lood (EAst)	
2. NAME OF OPERATOR NEWMONT OIL COMPANY RECEIVED						8. FARM OR LEASE NAME Johnson		
3. ADDRESS OF OPERATOR						9. WELL NO.		
		New Mexico 882		1977	ļ	17	:-	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 1980' FEL of Section 34 ARTESIA, OFFICE						10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA)		
					11. SEC., T., E., M., OE BLE. AND SURVEY OR AREA			
					1	34-16S-31E	NMPM	
14. PERMIT NO.		15. ELEVATIONS (Show v	whether DF, RT, GR, e	etc.)		12. COUNTY OR PARISH	New Mexico	
16.	Check Ap	propriate Box To Inc	dicate Nature o	of Notice, Repo	t, or O	ther Data		
	NOTICE OF INTEN	TION TO:	1		SUBSEQUI	ENT REPORT OF:		
TEST WATER SH		PULL OR ALTER CASING		VATER SHUT-OFF	T -	REPAIRING V]	
SHOOT OR ACIDIZ		ABANDON*		HOOTING OR ACIDIZ		ABANDONME	-	
REPAIR WELL		CHANGE PLANS		Other)R eturni			<u> </u>	
(Other) rot	ا حسن در سیم که در اهام در	11 to ini	X	(Note: Report	results	of multiple completion tion Report and Log for		
17. DESCRIBE PROPOSI proposed work nent to this wo	ED OR COMPLETED OPE	RATIONS (Clearly state al nally drilled, give subsur	l pertinent details face locations and					

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:	
(1) type + size of tubing + packer	
(1) setting depth of sacker	RTGTTD
3) information con consister a	Jul 20 100
fluid placed	U.S. And
tuling - casing annulus	M ixt
	<u> </u>
18. I hereby certify that the foregoing is true and correct SIGNED TIMES Office Man	ager DATE 7-19-77
(This space for Federal of State office use) APPROVED BY TITLE ACTING DISTRIC	CT ENGINEER DATE JUL 2 2 1977
CONDITIONS OF APPROVAL, IF ANY:	DATE JUL & & 1077