

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI  
(Other instructio  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02427

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LEONARD

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec. 34-16S-30E - NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

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 ☐ GAS ☐  
WELL ☐ WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR  
NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR  
P. O. BOX 1305, ARTESIA, NEW MEXICO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2080' FSL & 660' FWL of Sec. 34; T-16S, R-30E

14. PERMIT NO.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☒

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) ☐

(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 propose to treat well with 500 gals 15% reg. acid and return well to injection

RECEIVED

OCT-81968

RECEIVED

OCT 9 1968

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

D. C. C.  
ARTESIA, OFFICE

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

SIGNED

*Hermon Ledwith*

TITLE Division Superintendent

DATE 9/17/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
OCT 3 - 1968

H. L. DEEMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side