Copy 13.

Form 9-331
(May 1963)

**U.. ED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRII.. ATE*
(Other instruction. .n re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060971

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☐   OTHER WIW

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

NEWMONT OIL COMPANY

8. FARM OR LEASE NAME

FIDEL

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

50' FNL & 50' FEL of Sec.29;T016-S;R-31-E

10. FIELD AND POOL, OR WILDCAT

SQUARE LAKE

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

Sec.29-16S-31E   NMPM

14. PERMIT NO.

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

3980

12. COUNTY OR PARISH Lea 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 ☐	PULL OR ALTER CASING ☐	
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	
SHOOT OR ACIDIZE XX	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 acidize this well with 500 gallons acid in each zone (Metex-Premier-Lovington) & return well to injection.

RECEIVED

FEB 16 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED
FEB 13 1970
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____   TITLE Division Superintendent   DATE 2-11-70

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

R. L. BEEKMAN

*See Instructions on Reverse Side