		NAM. O	. C. C. CAPY	Capy	to SI
Form 9-331 (May 1963)	DEPARTM	NITED STATES ENT OF THE INTERI	SUBMIT IN . 'LICATE' (Other Instructions on re-	Form approve	ed. au No. 42-R1424.
GEOLOGICAL SURVEY				LC-060325	
		CES AND REPORTS (In to drill or to deepen or plug le TION FOR PERMIT—" for such p		6. IF INDIAN, ALLOTTE	E OR TRIBE NAME
OIL GAS WELL OTHER 2. NAME OF OPERATOR				7. UNIT AGREEMENT NAME Square Lake Flood (West) 8. FARM OR LEASE NAME	
NEWMONT OIL COMPANY / 3. ADDRESS OF OFERATOR				Leonard "E" 9. WELL NO.	
P.O. Box 1305, Artesia, New Mexico 88210				13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL & 1980 FEL of Section 4				10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA) 11. SEC., T., R., M., OR BLE. AND SURVEY OF AREA 4-175-30E NMPM	
14. PERMIT NO.		15. ELEVATIONS (Show whether Di	', RT, GR, etc.)	12. COUNTY OR PARISE	
		3715' GLM		Eddy	New Mexico
FRACTURE TREASHOOT OR ACID REPAIR WELL (Other) 17. DESCRIBE PROPO- proposed wor nent to this w	SED OR COMPLETED OPER. K. If well is direction	ULTIPLE COMPLETE BANDON* HANGE PLANS ACTIONS (Clearly state all pertinerally drilled, give subsurface locally drilled)	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Temporary A (Note: Report results Completion or Recompleted or Recompleted or Recompleted and true vertices	of multiple completion letion Report and Log fo including estimated da	on Well orm, te of starting any
		tension of approval	for Temporary Abandon tlary recovery operat		ear.

Office Manager

DATE

TITLE

TITLE

UNLESS FURTHER APPROVED. WELL MUST

UNLESS FURTHER APPROVED. PLUGGED BY

BE PUT TO BENEFICAL USE OR PLUGGED BY

APRIL OCTOPERS SEE Instructions on Reverse Side

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

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: