

N M O. C. C. Co.,
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

copy to SF
Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR NEWMONT OIL COMPANY</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210</p> <p>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</p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. LC-060325</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Square Lake Flood (West)</p> <p>8. FARM OR LEASE NAME Leonard "E"</p> <p>9. WELL NO. 13</p> <p>10. FIELD AND POOL, OR WILDCAT Square Lake (G.SA)</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-17S-30E NMPM</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>
<p>RECEIVED FEB 8 1977 O. C. C. ARTESIA, OFFICE</p>		
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3715' GLM</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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Return to Production <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

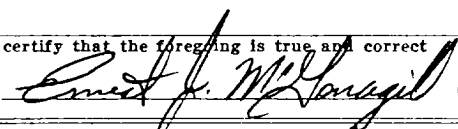
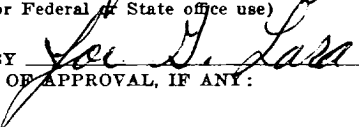
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We will return this well to production to evaluate flood response in this area.

RECEIVED

FEB 01 1977

**U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

18. I hereby certify that the foregoing is true and correct			
SIGNED		TITLE	Office Manager
		DATE	2/1/77
(This space for Federal or State office use)			
APPROVED BY		TITLE	ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY:		DATE	FEB 7 1977