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NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED

SEP 11 1975

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2884
7. Unit Agreement Name Square Lake Flood (West)
8. Farm or Lease Name Continental State
9. Well No. 1
10. Field and Pool, or Wildcat SQUARE LAKE (G.SA)
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS **O.C.C.**
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A WELL. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW
2. Name of Operator NEWMONT OIL COMPANY
3. Address of Operator P.O. Box 1305, Artesia, New Mexico 88210
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>16S</u> RANGE <u>30E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3794' GLM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Temporary Abandonment <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

51-12-71

We request an extension of approval for Temporary Abandonment for one year.
This property is under study for tertiary recovery operations.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Ernest J. McLaughlin</u>	TITLE <u>Office Manager</u>	DATE <u>9-11-75</u>
APPROVED BY <u>W. A. Gressett</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>OCT 8 1975</u>
CONDITIONS OF APPROVAL, IF ANY: <u>Expires 10-1-76</u>		