

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Na Mr O. C. C. copy
SUBMIT IN PLICATE*
(Other instructions on reverse side)

Copy to AS
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. UNIT AGREEMENT NAME Square Lake Flood (East)
2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓	8. FARM OR LEASE NAME Texas Trading
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL of Section 33	10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-16S-31E NMPM
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3975' GLM	12. COUNTY OR PARISH 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Temporary Abandonment

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

513-72

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

RECEIVED

OCT 22 1975

O. C. C.
ARTESIA, OFFICE

RECEIVED

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Lincoln J. McHenry

TITLE

Office Manager

DATE

9-11-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

H. L. BEEKMAN

ACTING DISTRICT ENGINEER

APPROVED. WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY

OCT 1 - 1976

DATE

*See Instructions on Reverse Side