

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. ICATE*
(Other instructions on re-
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED OCT 22 1975 O.C.C. ARTESIA, OFFICE		6. LEASE DESIGNATION AND SERIAL NO. NM-02427	
2. NAME OF OPERATOR HEWLETT OIL COMPANY				7. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		8. FARM OR LEASE NAME Leonard		7. UNIT AGREEMENT NAME Square Lake Flood (West)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FWL of Section 34		9. WELL NO. 7		8. FARM OR LEASE NAME Leonard	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3750' GLM		10. FIELD AND POOL, OR WILDCAT SQUARE LAKE (G.SA)	
				11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 34-16S-30E NMPM	
				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:		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) Temporary Abandonment <input checked="" type="checkbox"/>	
(Other) <input 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.)

S/ 3-73

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 foregoing is true and correct

SIGNED Ernest J. McLaughlin TITLE Office Manager DATE 9-11-75

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE WELL MUST

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL, OCTOBER 17-1976

*See Instructions on Reverse Side