

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to SF
NM- 021095

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME LOCO HILLS FLOOD
2. NAME OF OPERATOR HEWLETT OIL COMPANY ✓		8. FARM OR LEASE NAME Yates "A"
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		9. WELL NO. 15
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FWL of Section 6		10. FIELD AND TOOL, OR WILDCAT LOCO HILLS (O.G.S.A.)
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-18S-30E NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3536' 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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

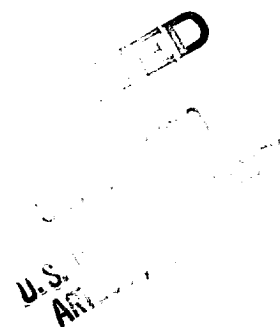
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) Temporary Abandonment	<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 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 [Signature] TITLE Office Manager DATE 9/29/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT - 5 1978

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
OCT 19 1979

*See Instructions on Reverse Side