

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 06813
2. NAME OF OPERATOR D. M. Bassett <i>H. L. G. Co.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 192, Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME Tidewater FE <input checked="" type="checkbox"/>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 ft. from S line 330 ft. from W line Sec. 19-MW4 SW/4 Sec. 19 T 19S-Range 31E		8. FARM OR LEASE NAME Tidewater FE
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3417		10. FIELD AND POOL, OR WILDCAT North Hackberry Yates <i>S/L</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-T 19-S-R31E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mex.

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 checked="" type="checkbox"/>	CHANGE PLANS <input 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.)*

11-15-1970
To Pull Tubing & Clean Out

RECEIVED

NOV 30 1970

D. C. E.
ARTESIA, OFFICE

RECEIVED

NOV 25 1970
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *H. L. G.*

TITLE Agent

DATE 11-20-70

APPROVED
(Space for Federal or State office use)

APPROVED BY 197
CONDITIONS OF APPROVAL, IF ANY:

H. L. BECKMA.

ACTING DISTRICT

TITLE

DATE