Form 9-331 (May 1963)

TEST WATER SHUT-OFF

PRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

Date

(Other)

16.

## **UNITED STATES**

SUBMIT IN TRIPLICATE\*

Form approved. Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR (Other Instruction)	5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY	NM D6813
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reserve Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTER OR TRIBE NAME
OIL WELL OTHER	7. UNIT AGREEMENT NAME Tidewater Fa. 3
2. NAME OF OPERATOR  D. M. Bassett Dilg Co.	8. FARM OR LEASE NAMES Tidewater FE
3. ADDRESS OF OPERATOR P.O. Box 192, Artesia, New Mexico 88210	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAR North Hackberry Yates

1650 ft. from S line 330 ft. from W line 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 19-NN4 Sw/4 Sec. 19 T19S - Range 31E Sec. 19-T 19-S-R31E 14. PERMIT NO. 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3417

New Maxico

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF : REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT ABANDON\*

> CHANGE PLANS (Note: Report results of multiple completion or 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 perti-

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

11-18-1970 Pulled Tubing Cleaned Out Put On Production

RECEIVED NOV2 5 1970

. I hereby certify that the foregoing is true a	and correct	\$ 0.00 \$ 33 4 \$ <b>4 8</b>
SIGNED The Holl	TITLE Agent	DATE 11-28-78
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE 2
CONDITIONS OF APPROVAL, IF ANY:  ACCEPTED FOR RECORD PURPOSE  1970		
NOV 25 1970 Bucks	gineer *See Instructions on Reverse Side	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1