Form	9-331
(May	1963)

16.

## U TED STATES SUBMIT IN TRI DEPARTMENT OF THE INTERIOR (Other instruction verse side)

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Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

LC - 028784-93 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND R	REPORTS (	ON	WELLS
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PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR,	etc.)	25 - 178 - 29E 12. COUNTY OR PARISH 13. STATE
			25 - 17S - 29E
25' FNL and 25'	FWL Section 25 - 178	- 29E	11. SEC., T., R., M., OR BUK. AND SURVEY OR AREA
LOCATION OF WELL (Report location See also space 17 below.) At surface	clearly and in accordance with any State re	equirements.	Grayburg-Jackson
P. O. Box 416 Loco	Hills, New Mexico 88255		10, FIELD AND POOL, OR WILDCAT
ADDRESS OF OPERATOR		U C C	9. WELL NO.
General American Oil	Company of Texas		Keely "B"
NAME OF OPERATOR		SEP 1 4 1973	8. FARM OR LEASE NAME
OIL GAS WELL OTHER			
		EGEIVE	7. UNIT AGREEMENT NAME
(Do not use this form for propo Use "APPLIC	ATION FOR PERMIT—" for such proposals.)	1	
	Use "APPLIC  OIL WELL OTHER  WELL OTHER  WAME OF OPERATOR  General American Oil  ADDRESS OF OPERATOR  P. O. Box 416 Loco  Location of Well (Report location see also space 17 below.)  At surface	Use "APPLICATION FOR PERMIT" for such proposals.  OIL WELL OTHER  VAME OF OPERATOR  General American Oil Company of Texas  ADDRESS OF OPERATOR  P. O. Box 416 Loco Hills, New Mexico 88255  Location of Well (Report location clearly and in accordance with any State research space 17 below.)  At surface	General American Oil Company of Texas  ADDRESS OF OPERATOR  P. O. Box 416 Loco Hills, New Mexico 88255

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*	WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other)	(Other)  (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 propose to treat zones in the Grayburg and San Andres between 2450'-3050' by either sand fracing or acidizing.



18 I hereby certify that the foregoing is true and correct SIGNED Allow	THILE District Superintendent	DATE Sept. 12, 1973
(This space for Federal or State office use)  APPROVED BY  CONDITIONS OF APPROVAL IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side

## Instructions

General: This form is designed for scioniffing pagewals to restrict, well an enformance of each operation when the restrict is a finite and restrict in the re

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