

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
SUBMIT IN TRI-VALDES
(Other Instructic on re-
Artesia, NM 88210

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. LC 028992A
2. NAME OF OPERATOR General Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o 216 American Home Building, Artesia, NM 88210		7. UNIT AGREEMENT NAME Grayburg-Jackson Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980'FSL660'FEL of Section 27-T17S-R30E		8. FARM OR LEASE NAME Flood Tr. 7B
14. PERMIT NO.		9. WELL NO. 7B-1
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Grbg-Jack-SR-Q-G-SA
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 27-T17S-R30E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 checked="" 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) <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.)*

9/16/83 Ran tubing and pump. Put back on production.
4 bbls. oil 14 bbls. water.

RECEIVED BY
OCT 14 1983
O. C. D.
ARTESIA, OFFICE

RECEIVED
OCT 12 8 00 AM '83
BUR. OF LAND MGMT
ROSWELL DISTRICT

18. I hereby certify that the foregoing is true and correct
SIGNED Walter R. Spence TITLE Agent DATE 10/7/83
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

OCT 13 1983

*See Instructions on Reverse Side