

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. CATE*
(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 ☐ GAS WELL ☐ OTHER ☒ DRY	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR General American Oil Company of Texas ✓	8. FARM OR LEASE NAME Kealy
3. ADDRESS OF OPERATOR P. O. Box 416, Loco Hills, New Mexico 88255	9. WELL NO. 421
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 2310' FNL Section 26, T-17-S, R-29-E	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
14. PERMIT NO. 30-015-20291	11. SEC., T., R., ME OR BEK. AND SURVEY OR AREA Sec. 26, T-17-S, R-29-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3576' GR	12. COUNTY OR PARISH 13. STATE Edgy N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 set a bridge plug at 3550' with one sack of cement on top, to perforate San Andres section with one shot per foot at the following intervals: 2905', 2926', 2942', 2963'-68', 2975'-77', 3013'-20', acidize and test.

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OCT 21 1970

ARTESIA, NEW MEXICO

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

District Superintendent

DATE

Oct. 16, 1970

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
OCT 20 1970
R. L. BECKMAN
ACTING DISTRICT SUPERINTENDENT

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs and other material placed below, between and above plugs; amount, size, method of pulling of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking for approval of the abandonment.

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State Superintendent

APPROVED