

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**Las Cruces 061638**

**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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>General American Oil Company of Texas</b>	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 416, Loco Hills, New Mexico</b>	8. FARM OR LEASE NAME <b>Brewer</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' from South and 1980 ft. from East, Section 12, 16-S, 29-E.</b>	9. WELL NO. <b>19</b>
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT SURVEY OR AREA <b>High Lonesome</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3738' DF</b>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 12, 16-S, 29-E</b>
	12. COUNTY OR PARISH <b>Eddy</b>
	13. STATE <b>N. Mex.</b>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR 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

**Convert to Water Injection**

(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.)\*

**Work Done: Well was pulled and cleaned out to T.D. 1996' of 2" EUE tubing was plastic coated and set at 2000' with a 4' Totem type E tension packer. Water Injection began 3/6/64.**

RECEIVED

MAY 1 1964

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

**R.J. Heard**

TITLE

**District Superintendent**

DATE

**April 28, 1964**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

APPROVED  
APR 29 1964  
R. L. BEECHER  
DISTRICT ENGINEER