

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. LICATION*
(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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-061438

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brewer

9. WELL NO.

#26

10. FIELD AND POOL, OR WILDCAT

High Lonesome

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12, T-16-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection

2. NAME OF OPERATOR

General American Oil Company of Texas

3. ADDRESS OF OPERATOR

P. O. Box 416, Loco Hills, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' from SL and 990' from EL of Section 12,
T-16-S, R-29-E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3744' DF

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 ☐

Converted to Injection

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 perti-
nent to this work.)*

Work Done: Pulled 2" EUE tubing and plastic coated, reran to 2033' and set
with a Totem Type "E" tension packer.

First water injection May 22, 1964.

RECEIVED

JUL 27 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED

TITLE District Superintendent

DATE July 17, 1964

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

R. L. B. BRYAN

ACTING DISTRICT

*See Instructions on Reverse Side