

UNITED STATES M. O. C. COPY  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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Copy to SI  
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC - 061638</b>
2. NAME OF OPERATOR <b>General American Oil Company of Texas</b> ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 416 Loco Hills, New Mexico 86255</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' FSL and 990' FSL Sec. 12, T-16S, R-29E</b>		8. FARM OR LEASE NAME <b>Brewer</b>
14. PERMIT NO.		9. WELL NO. <b>26</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3744' DF</b>		10. FIELD AND POOL, OR WILDCAT <b>High Lonesome</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 12, T-16S, R-29E</b>
		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>New Mexico</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) **Returned to Active Inj.** ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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.)\*

**This well was returned to an active water injection well during May, 1976.**

**The well had been inactive for some time.**

RECEIVED

MAY 20 1976

O. C. C.  
ARTESIA, OFFICE

RECEIVED

MAY 19 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Ray Crow*

TITLE **District Superintendent**

DATE **May 17, 1976**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAY 18 1976

*Richard*  
H. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side