

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR (Other instruct
verse side) CATE*
on re-

Form approved. *copy 13.*
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061638

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brewer

9. WELL NO.

#7

10. FIELD AND POOL, OR WILDCAT

High Lonesome

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

Sec. 13, T-16-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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

**1980' FWL and 660' FWL of Section 13,
Twp. 16-S, Rge. 29-E.**

14. PERMIT NO.

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

3730' DF

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"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) Convert to Input <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) Converted to Injection <input checked="" type="checkbox"/> | <input checked="" 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.)*

Work Done: Ran 2-1/2" EUE Tubing with hydraulic holddown and 7" Guiberson Hookwell Packer on bottom and set packer at 2068'. First water injection on June 22, 1968.

Conversion of this well approved by New Mexico Oil Conservation Commission Order WFX No. 287 dated April 16, 1968.

RECEIVED
JUN 28 1968
U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED W. E. Walter TITLE District Superintendent DATE June 27, 1968

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DISTRICT SUPERINTENDENT DATE JUN 28 1968
CONDITIONS OF APPROVAL, IF ANY: