

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TR. STATE  
(Other instructions on re-  
verse side)

Form approved.  
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.

**#12**

10. FIELD AND POOL, OR WILDCAT

**High Lakesome**

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

**Sec. 13, 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

**1980' from S L and 660' from W L of Section 13,  
T-16-S, R-29-E**

14. PERMIT NO.

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

**3727' 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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

**Converted to 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: Pulled 2" EUE tubing and plastic coated, reran to 2042'  
and set with Totem Type "E" tension packer.**

**First water injection May 29, 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  
CONDITION OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side