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Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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.)

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 88255</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>1980' FSL and 639' FWL of Section 13, T-16-S, R-29-E</b>	8. FARM OR LEASE NAME <b>Brewer</b>
	9. WELL NO. <b>#12</b>
	10. FIELD AND POOL, OR WILDCAT <b>High Lonesome</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 13 T-16-S R-29-E</b>
14. PERMIT NO.	12. COUNTY OR PARISH <b>Eddy</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3727' DF</b>	13. STATE <b>N.M.</b>

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Shut-in Status</b> <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.)\*

**This well is still part of an active waterflood unit and we request to hold this well for possible use either as an injection well or producing well prior to the economic limit of this flood.**

RECEIVED

OCT 24 1975

O. C. C.  
ARTESIA, OFFICE

RECEIVED

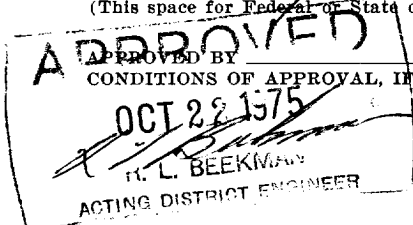
SEP 16 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED *Roy Crow* TITLE **District Superintendent** DATE **September 16, 1975**

(This space for Federal or State office use)



TITLE **APPROVED. WELL MUST**  
**BE PUT TO BENEFICIAL USE OR PLUGGED BY**  
**APRIL 1 1976**

\*See Instructions on Reverse Side