

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NMOCC COPY

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

copy to SF  
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"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-061638	
2. NAME OF OPERATOR General American Oil Company of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 416 Loco Hills, New Mexico 88255		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 1980' FSL and 1978' FWL Section 13, T-16S, R-29E		8. FARM OR LEASE NAME Brewer	
14. PERMIT NO.		9. WELL NO. 24	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3730' DF		10. FIELD AND POOL, OR WILDCAT High Lonesome	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-16S, R-29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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) <input type="checkbox"/>	Shut-In Status <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  
SEP 29 1977  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Rendell Hawkins TITLE Assist Field Superintendent DATE September 29, 1977

(This space for Federal or State office use)

APPROVED BY Lee S. Lora TITLE ACTING DISTRICT ENGINEER DATE OCT 12 1977  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNLESS FURTHER APPROVED, WELLS MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
OCT 1 - 1978