

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN ' 'LICATE\*  
(Other instru \* on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LC-067610-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Bosworth**

9. WELL NO.

**#1**

10. FIELD AND POOL, OR WILDCAT

**High Lonesome**

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

**Sec. 14, T-16-S, R-29-E**

12. COUNTY OR PARISH

**Eddy**

13. STATE

**N. M.**

1.

OIL ☐ GAS ☐  
WELL 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' FSL and 660' FEL of Section 14,  
TWP. 16-S Rge. 29-E**

14. PERMIT NO.

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

**3718' 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)

**Convert to Injection**

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

**X**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

**Converted to Injection**

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

**X**

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: Bosworth #1 was placed on water injection service during  
May 1966 under New Mexico Oil Conservation Commission  
Order WFX 235.**

**RECEIVED  
AUG-2-1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO**

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

SIGNED

TITLE **District Superintendent**

DATE **August 1, 1967**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**APPROVED  
AUG - 2 1967  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER**

\*See Instructions on Reverse Side