an an ann an Arrainn a Ar an Arrainn	CONTRACTOR CASE		
Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424		
UNITED STATES	5. LEASE		
DEPARTMENT OF THE INTERIOR	LC-067610-a		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME RECEIVED BY		
reservoir. Use Form 9–331–C for such proposals.)	B. FARM OR LEASE NAME JAN 16 1984		
1. oil gas well well other Water Injection	DUSMUT CIT		
	9. WELL NO. O. C. D.		
2. NAME OF OPERATOR General American Oil Company of Texas	1 ARTESIA, OFFICE		
3. ADDRESS OF OPERATOR	High Lonesome		
P. O. Box 128 Loco Hills, New Mexico 88255	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.)	<u>Sec. 14, T-16S, R-29E</u>		
AT SURFACE: 1980' FSL and 660' FEL	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy New Mexico		
	14. API NO.		
 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 			
REFORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3718' DF		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0/10 51		
TEST WATER SHUT-OFF	BUN		
FRACTURE TREAT	N 2		
	(NOTE: Report results of multiple completion or zone		
PULL OR ALTER CASING	change on Form 9-330.)		
	62 T 9		
CHANGE ZONES	iven 10 / Sist		
(other) Surface Restoration	20 1		

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.)*

Surface restoration has been completed after plugging and abandonment.

Subsurface Safety \	/alve: Manu. and Type			Set @	Ft.
18. I hereby cortify	that the foregoing is true	and correct			
signer ande	that the foregoing is true		ntendent DATE	June 23, 1983	
		Inis space tor Federal (or State office use)	· · · · · · · · ·	<u> </u>
APPROVED BY	PETER W. CHE	TER'	DATE		
conditions of APP	ROVAL, IF ANY: 14 198	34			
	1.2	A. 1			
		*See Instructions of	n Reverse Side		