

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN 1 APPLICATION\*  
(Other instructions on re-  
verse 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-067610-A</b>
2. NAME OF OPERATOR <b>General American Oil Company of Texas</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Copy to 57</i>
3. ADDRESS OF OPERATOR <b>P. O. Box 416, Loco Hills, New Mexico</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>990' from E. L. and 990' from S. L. of Sec. 14, 16-S, 29-E.</b>	8. FARM OR LEASE NAME <b>Desworth</b>
14. PERMIT NO.	9. WELL NO. <b>#4</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3719 DF</b>	10. FIELD AND POOL, OR WILDCAT <b>High Lonsome</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 14, 16-S, 29-E</b>
	12. COUNTY OR PARISH <b>Eddy</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) <input type="checkbox"/>	
(Other) <b>Convert to Water Injection</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.)\*

Present Status: TD 2079'. 5 1/2" OD 14# csg. Cemented with 200 sacks at 2050'.

Proposed Conversion Work: Pull 2" EUC tubing, clean out to TD and plastic coat tubing. Rerun tubing to approximately 2000' and set with Totem Type "E" tension packer.

This well will be used in Stage III of our High Lonsome Waterflood approved by NMOC Order No. R-2443.

RECEIVED

MAY 18 1964

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

TITLE **District Superintendent**

DATE **5/12/64**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
MAY 15 1964  
R. L. BEERMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side