

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to J.F.
SUBMIT IN THE INDICATE*
(Other instructions on reverse 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

Beaverth

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

High Lonsome

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

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

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. ☐ OIL WELL ☐ GAS 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

**990' from SL and 990' from EL of Section 14,
T. 16-S, R. 29-E**

14. PERMIT NO.

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

3719' 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) **Converted to Injection**

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

**Work Done: Pulled 2" EUE tubing and plastic coated, reran to 2004' and set
with Teten Type "E" tension packer.
First injection May 29, 1964.**

RECEIVED

JUL 27 1964

D. G. C.
ARTESIAL OFFICE

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

SIGNED

[Signature]

TITLE **Dist. Supt.**

DATE **July 17, 1964**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
JUL 24 1964
F. L. BEEHMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side