Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

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 128 Loco Hills, New Mexico 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL and 990' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-067610-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED BY
JAN 16 1984
O. C. D.
ARTESIA, OFFICE

8. FARM OR LEASE NAME
Bosworth

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
High Lonesome

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T-16S, R-29E

12. COUNTY OR PARISH   13. STATE
Eddy   New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3719' DF

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Surface Restoration		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Field Superintendent   DATE June 23, 1983

APPROVED
(Sgd.) PETER W. CHESTER

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
FEB 14 1984

*See Instructions on Reverse Side