

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY 1
SUBMIT IN THE STATE*
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-061638
2. NAME OF OPERATOR General American Oil Company of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 416, Loco Hills, New Mexico		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 660' from N L and 1980' from E L of Section 14, T-16-S, R-29-E.		8. FARM OR LEASE NAME Brewer
14. PERMIT NO.		9. WELL NO. #3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3733' DF		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 New Mexico

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) Converted to Injection	X
(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 plastic coated and reran to 1962' where it was set with a Totem Type "E" tension packer.

First water injection was May 29, 1964.

RECEIVED

JUL 27 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED R. L. Beebe TITLE District Superintendent DATE July 17, 1964

(This space for Federal or State office use)

APPROVED BY
CONTRIBUTIONS AND APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side