

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061638

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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR General American Oil Company of Texas		8. FARM OR LEASE NAME Brewer
3. ADDRESS OF OPERATOR P. O. Box 416, Loco Hills, New Mexico		9. WELL NO. #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' PNL and 1980' PNL of Section 14, Twp. 16-S, Rge. 29-E, Eddy County, New Mexico		10. FIELD AND POOL, OR WILDCAT High Lonesome
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-16-S, R-29-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3733' DF		12. COUNTY OR PARISH Eddy
		13. STATE N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

~~SHOOT OR ACIDIZE~~

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Proposed Work: Acid wash injection well in an attempt to stimulate injection rate. Injection rates are insufficient to maintain a proper water drive.

RECEIVED
JUL 13 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE **District Superintendent**DATE **July 11, 1967**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 13 1967
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side