

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN **PLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE AND SERIAL NO.

**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. <b>Injection</b> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME <b>General American Oil Company of Texas</b>	7. UNIT AGREEMENT NAME
3. ADDRESS <b>P.O. Box 416, Loco Hills, New Mexico</b>	8. FARMER'S NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FNL and 1980' FEL of Section 14, Twp. 16-S, Rge. 29-E.</b>	9. WELL NO. <b>15</b>
14. PERMIT NO.	10. FIELD NO. <b>High Lonesome</b>
15. ELEVATIONS (Show <b>3729' DPT.</b> GR, etc.)	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <b>Sec. 14, T-16-S, R-29-E</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	12. COUNTY OR PARISH <b>Lacy</b> 13. STATE <b>N. M.</b>

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"/>
<del>FRACURE TREAT</del> <input checked="" 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"/>	

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.)\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

**Proposed Work: Acid wash injection well to try and improve injection rate.  
Injection volumes are below desired rates.**

RECEIVED

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

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

SIGNED 7/13/67  
(This space for Federal or State office use)

District Superintendent

July 11, 1967

APPROVED BY R. L. BECKMAN  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DATE

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

\*See Instructions on Reverse Side