

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IT  
(Other inst.  
verse side)IPPLICATE\*  
IONS ONForm approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

10-061638

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brewer

9. WELL NO.

#5

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

N. M.

## 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 ☐ GAS WELL ☐ OTHER ☒ Injection2. NAME OF OPERATOR  
General American Oil Company of Texas3. ADDRESS OF OPERATOR  
P. O. Box 416, Loco Hills, New Mexico4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface1980' FNL and 1980' FRL of Section 14,  
TWP. 16-S, Rge. 29-E

14. PERMIT NO.

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

3729' 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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## 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 performed: Treated well with 250 gallons of 20% HCL acid and displaced with fresh water. Let well stand for 3 1/8 hours. Backflowed acid and it seemed to spent but no increase was obtained in injection rate.

RECEIVED

NOV 17 1967

ARTESIA, NEW MEXICO

RECEIVED  
NOV 15 1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE District Superintendent

DATE Nov. 13, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side