

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-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 13. STATE

Eddy

N.M.

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 416, Loco Mills, New Mexico 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

**1980' FWL and 1980' FWL 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

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)

Shut-in Status

(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.)*

**This well is still part of an active waterflood
unit and we request to hold this well for possible
use either as an injection well or producing well
prior to the economic limit of this unit.**

RECEIVED

OCT 24 1975

D. C. C.
ARTESIA, OFFICE

RECEIVED

SEP 16 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Ray Crew

TITLE **District Superintendent**

DATE **September 16, 1975**

(This space for Federal or State office use)

APPROVED
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: PUT TO BENEFIT OF WELL OR PLUGGED BY

UNLESS FURTHER APPROVED. WELL MUST
APRIL - OCTOBER 1975

DATE

*See Instructions on Reverse Side