

N. M. O. C. G. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(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

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Brewer**

9. WELL NO.

**16**

10. FIELD AND POOL, OR WILDCAT

**High Lonesome**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec. 14, T-16S, R-29E**

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.)

**RECEIVED**

**JUL 14 1975**

**O. C. C.  
ARTESIA, OFFICE**

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

**General American Oil Company of Texas**

3. ADDRESS OF OPERATOR

**P. O. Box 128, Loco Hills, 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' from South line, 660' from West line**

14. PERMIT NO.

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

**3705' 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) **Return to production**

(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.)\*

**Brewer No. 16 was placed on pump and will be produced by pumping and/or flowing.**

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

SIGNED

*Ray Crow*

TITLE **District Superintendent**

DATE **July 10, 1975**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

**JUL 11 1975**

**R. L. BEEKMAN**

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

**RECEIVED**  
**JUL 11 1975**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**