

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN \_\_\_\_\_ LICATE\*  
(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.

**#18**

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****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 Hills, New Mexico**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface**1980' FSL and 1980' FWL of Section 14  
Twp. 16-S, Rge. 29-E.**

14. PERMIT NO.

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

**3711' 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) **Convert to Injection**PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐**X**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

**Converted to Injection**(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐**X**

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 Done: Brewer #18 was converted to water injection during May 1966.  
This conversion was done under New Mexico Oil Conservation  
Commission Order WFX 235.**

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

SIGNED

TITLE **District Superintendent**DATE **August 1, 1967**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**RECEIVED**  
**AUG-21967**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

**APPROVED**  
**AUG - 2 - 1967**  
**R. L. DECKWITZ**  
**ACTING DISTRICT ENGINEER**

\*See Instructions on Reverse Side