M. M. O. C. E. CORY

Copy to do

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Form 9-331 (May 1963) UI ED STATES Form approved. Budget Bureau No. 42-R1424. UI ED STATES SUBMIT IN TRIF 4
DEPARTMENT OF THE INTERIOR (Other instructions of the interior o ATE* 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME OIL WELL OTHER Water Injection NAME OF OPERATOR 8. FARM OR LEASE NAME General American Oil Company of Texas 9. WELL NO. 3. ADDRESS OF OPERATOR P. O. Ber 416. Loce Hills, New Mexico 88255

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

See also space 17 below.)

At surface 1880 PSL and 1880 PSL of Section 14 **†18** 10. FIELD AND POOL, OR WILDCAT 1980' FSL and 1980' FWL of Section 14, 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Twp. 16-S. Rge. 29-E. Sec. 14.1-16-8.1-29-2 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3711' DF Eddy 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

(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 flood.

RECEIVED

WATER SHUT-OFF

(Other) .

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Shut-in Status

OCT 24 1975

D. C. C.

18. I hereby certify that the locegoing is true and correct		
SIGNED Lay Crow	TITLE District Superintendent	DATE September 16, 197
(This space for Federal or State office use)	WELL MUST	
CONDITIONS OF APPROVAL, IF ANY: UNI	LESS FURTHEFILE USE OF PLUGGED	DATE
OCT 22 1975	PUT TO BENEFICAL USE OR PLUGGED BY	
R. L. BEEKMAN	*See Instructions on Reverse Side	

ACTING DISTRICT ENGINEER

*See Instructions on Keverse Side