Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN (PLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061638

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

| OIL WELL ☐ | GAS WELL ☐ | OTHER | **Injection** |

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

General American Oil Company of Texas

8. FARM OR LEASE NAME

Brewer

3. ADDRESS OF OPERATOR

P. O. Box 416, Loco Hills, New Mexico

9. WELL NO.

#21

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

**660' FNL and 660' FWL of Section 14, T. 16-S,
R. 29-E.**

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

14. PERMIT NO.

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

3711' DF

12. COUNTY OR PARISH | 13. STATE

Eddy | **N. M.**

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) **Cleaned out converted to Inj.**			**X**

(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 Done: Well was cleaned out to T. D. of 2022'. Tubing was plastic coated
and rerun to 1920' and well placed on injection July 18, 1964.**

RECEIVED

SEP 11 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED _____ **R. J. Heard** TITLE ___ **District Superintendent** ___ DATE ___ **September 8, 1964**

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY: TITLE _____ DATE _____

APPROVED
SEP 1... 1964
R. L. ...
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side