1 1 0. C. C. C. CO UNITED STATES

Form approved. Budget Bureau No. 42-R1424.

			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.)			
OIL GAS			7. UNIT AGREEMENT NAME
	THER Water Injection	, 	S TARM OR VIII OF THE STATE OF
General American Oil Company of Texas			8. FARM OR LEASE NAME
. ADDRESS OF OPERATOR			9. WELL NO.
P. O. Box 416, Loce Hills, New Mexico			#23
LOCATION OF WELL (Report lo See also space 17 below.)	cation clearly and in accordance with a	ny State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface			Kigh Lonesque
	' from S L and 1980' fro tion 14, T-16-S, R-29-E.		11. SEC., T., B., M., OR BLK, AND SURVEY OR AREA
		•	Sec. 14, T-16-S, E-29-E
4. PERMIT NO.	15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	370	41 DF	Eddy New Mexico
ß. Che	eck Appropriate Box To Indicate	Natura of Natica Panest of	Other Date
	eck Appropriate box to indicate or intention to:		
	,	SUBS	EQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Conve	rted to Injection x
(Other)			ilts of multiple completion on Well mpletion Report and Log form.)
	rst water injection was	•	
	RECEIVED		
	~===:VEB		
	JUL 27 1964		
	•	•	
	O. C. C.		
	ARTESIA, OFFICE	•	
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			in the second se
			<u> </u>
3. I hereby certify that the fore			
SIGNED	TITLE	District Superintende	nt DATE July 17, 1964
(This space for Federal or			
APPROVED BY	tate office use)		
conditions of ACPROVA			DATE
	LL, IR ANY:		DATE
CA CA	LL, IR ANY:		DATE
ORO MAGA	LL, IR ANY:	Dayson C: J.	DATE
ADPROVER	LL, IR ANY:	ons on Reverse Side	DATE
APPROVER	LL, IR ANY:	ons on Reverse Side	DATE
APPROVINGA	LL, IR ANY:	ons on Reverse Side	DATE