

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Water Injection  
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. See space 17 below.)  
AT SURFACE: 660' FSL and 1980' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:  
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  
TEST WATER SHUT-OFF ☐ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☐ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) Surface Restoration

5. LEASE  
LC-061638  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME RECEIVED BY  
8. FARM OR LEASE NAME JAN 16 1984  
Brewer  
9. WELL NO. O. C. D.  
23 ARTESIA, OFFICE  
10. FIELD OR WILDCAT NAME  
High Lonesome  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 14, T-16S, R-29E  
12. COUNTY OR PARISH 13. STATE  
Eddy New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3704' DF

(NOTE: Report results of completion or zone change on Form 9-330.)

RECEIVED  
JUN 24 11 10 AM '83  
BUREAU OF LAND MANAGEMENT  
ROCKWELL DISTRICT

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.)\*

Surface restoration has been completed after plugging and abandonment.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

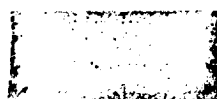
18. I hereby certify that the foregoing is true and correct.

SIGNED Dendell M. Hawkins FIELD SUPERINTENDENT DATE June 23, 1983

APPROVED \_\_\_\_\_ (This space for Federal or State office use)

APPROVED FOR: Sec 1) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

FEB 14 1984



\*See Instructions on Reverse Side