

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 ☐ well ☐ gas ☐ well ☐ 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: 990' FSL and 660' FWL  
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                | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| FRACTURE TREAT                     | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE                   | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| REPAIR WELL                        | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| PULL OR ALTER CASING               | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| MULTIPLE COMPLETE                  | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| CHANGE ZONES                       | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| ABANDON*                           | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| (other) <u>Surface Restoration</u> |                          |                       |                          |

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.

|  |                                |
|--|--------------------------------|
| 5. LEASE<br><u>LC-061638</u>   |                                |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><u>RECEIVED BY</u>                       |                                |
| 7. UNIT AGREEMENT NAME<br><u>JAN 16 1984</u>                                     |                                |
| 8. FARM OR LEASE NAME<br><u>Brewer</u> <u>O. C. D.</u>                           |                                |
| 9. WELL NO.<br><u>27</u>   |                                |
| 10. FIELD OR WILDCAT NAME<br><u>High Lonesome</u>                                |                                |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>Sec. 14, T-16S, R-29E</u> |                                |
| 12. COUNTY OR PARISH<br><u>Eddy</u>  | 13. STATE<br><u>New Mexico</u> |
| 14. API NO.  |                                |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br><u>3699' DF</u>                         |                                |

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

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

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

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

SIGNED Pendell W. Hawkins FIELD SUPERINTENDENT DATE June 23, 1983

APPROVED

(This space for Federal or State office use)

APPROVED (Signature) PETER W. CHESTER  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

FEB 14 1984