

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCC
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

copy to SF
Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR General American Oil Company of Texas		8. FARM OR LEASE NAME Sivley	
3. ADDRESS OF OPERATOR P.O. Box 416 Loco Hills, New Mexico 88255		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL and 1980' FWL Section 8, T-16S, R-30E		10. FIELD AND POOL, OR WILDCAT West Henshaw	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-16S, R-30E		12. COUNTY OR PARISH Eddy	
14. PERMIT NO.		18. STATE New Mexico	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3809' DF			

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Shut-In Status <input checked="" type="checkbox"/>

(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.)*

We request that this well be held for a possible test of the Yates-Seven Rivers area.

RECEIVED
SEP 29 1977
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Lowell Hawkins TITLE Assist. Field Superintendent DATE September 29, 1977

(This space for Federal or State office use)

APPROVED BY Lee J. Lane TITLE ACTING DISTRICT ENGINEER DATE OCT 12 1977

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELLS MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL 1, 1978

*See Instructions on Reverse Side

OCT 1 - 1978