

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-B1424

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-028793-c	
2. NAME OF OPERATOR General American Oil Company of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED AUG 11 1981	
3. ADDRESS OF OPERATOR P. O. Box 128, Loco Hills, New Mexico 88255		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2880' FSL & 855' FWL		8. FARM OR LEASE NAME BATCH "C" F. B. C. C. D.	
14. PERMIT NO.		9. WELL NO. 1 ARTERIA, OFFICE	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3595' DF		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-17S, R-29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
ABANDON OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

1. Clear location and dig pit.
2. Backflow well to pit for clean up and pressure relief.
3. Pull tubing and packer.
4. Using a treating packer, clean up wellbore around injecting formation (3237'-3319'), with 1500 gallons 28% inhibited acid.
5. Backflow well to pit for acid clean up.
6. Pull treating packer.
7. Run tubing and packer.
8. Return well to injection.

RECEIVED
AUG 3 1981OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWEIL, NEW MEXICO

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

SIGNED M. S. Samson TITLE Engineer DATE July 30, 1981

(This space for Federal or State official use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 6 1981

FOR

JAMES A. GILLHAM*See Instructions on Reverse Side
DISTRICT SUPERVISOR