

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCC COI
SUBMIT IN TRIP DATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-028784-b
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.)

1. OIL WELL GAS WELL OTHER Water Injection **RECEIVED**

2. NAME OF OPERATOR
General American Oil Company of Texas **OCT 13 1977**

3. ADDRESS OF OPERATOR
P.O. Box 416 Loco Hills, New Mexico 88255 **O.C.C.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
See also space 17 below.)
At surface **ARTESIA, OFFICE**

660' FNL and 1980' FWL Section 25, T-17S, R-29E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Keely B

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-17S, R-29E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3599' DF 12. COUNTY OR PARISH Eddy 13. STATE New Mexico

16. 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"/>
SHOOT OR ACIDIZE <input 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"/>	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 this well be held for recompletion in the Metex or Seven Rivers.
Well was shut-in October, 1973 for economical or mechanical reasons.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Rendell Hawkins TITLE Assist. Field Superintendent DATE September 29, 1977

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT 12 1977
CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY APRIL - OCTOBER 1977
*See Instructions on Reverse Side **OCT 1 - 1978**