Form	9-331
(Mav	1963

OIL

DEPARTMENT OF THE INTERIOR verse side)

SUBMIT IN TRII TE. Other instruction a re-

Form approved. Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERVAL NO.

-LC-028784-b 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" for such proposals.)

7.	UNIT	AGREEMENT	NAME

	WELL	4	WELL	 OTHER	
ž.	NAME	OF OP	ERATOR	 	

General American Oil Company of Texas

S. FARM OR LEASE NAME Keely B

3. ADDRESS OF OPERATOR

P. O. Box 128, Loco Hills, New MExico 88255

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

9. WELL NO.

14 10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA

25' FNL & 1345' FWL Section 25, T-17S, R-29E

25-17-29

14. PERMIT NO.

(Other)

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3584' GL

12. COUNTY OR PARISH 13. STATE Eddy

SUBSEQUENT REPORT OF:

N. M.

16.

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

NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-OFF MULTIPLE COMPLETE FRACTURE TREAT ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL

WATER SHUT-OFF FRACTURE TREATMENT REPAIRING WELL ALTERING CASING ABANDON MENT

SHOOTING OR ACIDIZING (Other)

(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 propose to run a Gamma Ray-Neutron Tie-in log and perforate the We also propose to sand frac this zone with 40,000 gallons Metex sand. gelled water and 40,000# sand.

RECEIVED.

J. S. GEULOGICAL SHAPE APTESIA NEW WEXIN

18. I hereby certify that the spoint is true and correct SIGNED	TITLE District	Superintendent	DATE April	4,	1970
(This space for Federal or State of Se	The state of the s				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE		

*See Instructions on Reverse Side

STATE OF STATE OF

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