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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 ☒ Injection Well

2. NAME OF OPERATOR
General American Oil Company of Texas

3. ADDRESS OF OPERATOR
P. O. Box 128 Loco Hills, N.M. 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *ul. D*
AT TOP PROD. INTERVAL: 660' FSL and 1980' FEL
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☒
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

RECEIVED

NOV 6 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

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.)*

NOTE: Cast iron bridge plug was set @ 3120' with 50' of cement on top to comply with Rule 705-A.

WE REQUEST TO:

1. Dig small workover pit.
2. Perforate Metex Zone as follows:
2780' - 2786' 2 shots per ft.
2749' - 2755' 2 shots per ft.
3. Perforate Grayburg Dolomite as follows:
2677' - 2681' 2 shots per ft.

4. Perforate Loco Hills as follows:
2622' - 2626' 2 shots per ft.
2611' - 2616' 2 shots per ft.
5. Fracture treat the Metex and Loco Hills Zones.
6. Acidize the Grayburg Dolomite Zone.
7. Place well on test.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Rendell N. Hawkins TITLE Field Superintendent DATE November 15, 1982
Rendell N. Hawkins

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

NOV 17 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side