

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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SUBMIT IN TRIPL. (TE)
(Other instructions on re-
verse 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-028784-c	
2. NAME OF OPERATOR General American Oil Company of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 416 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 2615' FSL and 25' FWL Section 25, T-17S, R-29E		8. FARM OR LEASE NAME Keely C	
14. PERMIT NO.		9. WELL NO. 43	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3580' DF		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	
		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) 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 recompletion in the Metex.

This well was shut-in April, 1970 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 <u>Rendell Hawkins</u>	TITLE <u>Assist. Field Superintendent</u>	DATE <u>September 29, 1977</u>
(This space for Federal or State office use)		
APPROVED BY <u>Joe J. Lora</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>OCT 12 1977</u>
CONDITIONS OF APPROVAL, IF ANY:		