

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-028784-93 (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**

2. NAME OF OPERATOR

General American Oil Company of Texas

3. ADDRESS OF OPERATOR

P. O. Box 416, Loco Hills, New Mexico 88255

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

**1345' FNL and 1295' FEL of Section 26,
Twp. 17-S, Rge. 29-E**

14. PERMIT NO.

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

DF 3583'

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grayburg Keely Unit
Keely B Tr. K B

9. WELL NO.

#13

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson Fld.

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

Sec. 26, T-17-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Shut-in Status

(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.)*

Currently this well is a shut-in water injection well, but an AFE has been approved to repair this well and return to active injection. Our current problem is how to handle the back flow water to get the pressure off this well.

Request additional shut in time to further evaluate method of bleeding well pressure down without creating environmental problems.

Well was shut in January, 1973

RECEIVED

OCT 29 1974

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Ray Crow

TITLE **District Superintendent**

DATE **Oct-23, 1974**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY

OCT 1 - 1975

*See Instructions on Reverse Side

