

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-R1424.

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.)

RECEIVED

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection</p> <p>2. NAME OF OPERATOR General American Oil Company of Texas</p> <p>3. ADDRESS OF OPERATOR P. O. Box 416, Loco Hills, New Mexico 88255</p> <p>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</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 3583'</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <i>Grayburg Keely Unit Keely B Tr. K B</i></p> <p>9. WELL NO. #13</p> <p>10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson Fld.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-17-S, R-29-E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE N.M.</p>
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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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOL OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	Shut-in Status	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input 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.)*

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 1973

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 *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:
NOV 22 1974
M. J. BECKMAN
DISTRICT SUPERINTENDENT

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
OCT 1 - 1975
*See Instructions on Reverse Side