Form	9-331
(Mav	1963)

NAME OF OPERATOR

3. ADDRESS OF CPERATOR

SHOOT OR ACIDIZE

X/ Sicher

REPAIR WELL

(Other)

14. PERMIT NO.

16.

U! ED STATES SUBMIT IN TRIP! (Other instruction verse side) GEOLOGICAL SURVEY

TE*

Form approved. Budget Bureau No. 42-R1424

4	6	02	8784	-b-	(Tr	• A -)
6.	IF	INDIAN.	ALLOTTI	EE OR	TRIBE	NAME

	(Do not		form	Y NOTICES for proposals to "APPLICATION	a drill or to	deepen or p	lug back to	o a different reservo	ir.
OIL WEL	ı X	GAS WELL		OTHER					

7.	UNIT	AGREEMENT	NAME

3.	FARM	OR	LEASE	NAME

Keely B

ló 10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

26-17-29

12. COUNTY OF PARISH 13. STATE

N. M.

1295' FSL & 1295' FEL Section 26, T-17S, R-29E

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3585' GL

gallons gelled water and 40,000# 20/40 sand.

P. O. Box 128, Loco Hills, N. M. 88255

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

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

PULL OR ALTER CASING TEST WATER SHUT-OFF MCLTIPLE COMPLETE FRACTURE TREAT

CHANGE PLANS

NOTICE OF INTENTION TO:

General American Oil Company of Texas

WATER SHUT-OFF TRACTURE TREATMENT SHOOTING OR ACIDIZING

REPAIRING WELL ALTERING CASING ABANDONMENT*

(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.)

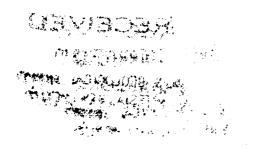
SUBSEQUENT REPORT OF:

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 Metex sand.

> RECEIVED APR 5 - 1970 D. S. WEDLONEX. SOM AFTESIA, NEW MEXIC

18	I hereby certify that the ways, no is true and correct	·				·
.0.		TITLE District	Superintendent	DATE April	4,	1970
	(This space for Federal or State off 12 (0.3)			,	,	
Y	APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE		

*See Instructions on Reverse Side



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