

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCC COPY

SUBMIT IN TRIP. DATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM-014840

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Green A9. WELL NO.
410. FIELD AND POOL, OR WILDCAT
Grayburg-Jackson11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

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

12. COUNTY OR PARISH
Eddy13. STATE
New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reserve.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ OCT 13 1977
2. NAME OF OPERATOR
General American Oil Company of Texas O. C. C.
3. ADDRESS OF OPERATOR
P.O. Box 416 Loco Hills, New Mexico 88255 ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2310' FSL and 330' FEL Section 29, T-17S, R-29E

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3580' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	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 this well be held for possible shallow gas back up the hole.

Well was shut in September, 1973 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 Rendell Hawkins TITLE Assist. Field Superintendent DATE September 29, 1977

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT 12 1977
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNLESS FURTHER APPROVED, WELLS MUST
BE PUT TO TEMPORAL USE OR PLUGGED BY
OCT 1 - 1978