

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LMOCC CORP

SUBMIT IN TRIPLICATE
(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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
General American Oil Company of Texas

3. ADDRESS OF OPERATOR
P. O. Box 416, Loco Hills, New Mexico 88203

4. LOCATION OF WELL (Report location clearly and in accordance with BLSA requirements.*
See also space 17 below.)
At surface
1650' FNL and 2310' FEL of Section 20, T. 17-S, R. 30-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3650' DF

5. LEASE DESIGNATION AND SERIAL NO.
LC-029342-e

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dexter E

9. WELL NO.
#2

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T-17-S, R-30-E

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:

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) <u>Shut In Status</u> <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 up the hole.

This well was shut in November, 1974 for economical 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 Asst. Field Superintendent

DATE September 29, 1977

(This space for Federal or State office use)

APPROVED BY La S. Less
CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT ENGINEER

DATE OCT 12 1977

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL OCTOBER 1, 1977.

*See Instructions on Reverse Side

OCT 1 - 1977