Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

~~RECEIVED~~

JAN 31 1991

O. C. D.
ARTESIA, OFFICE

5. Lease Designation and Serial No.

8910085020

6. If Indian, Allottee or Tribe Name

LC-028992-E

7. If Unit or CA, Agreement Designation

Grayburg Jackson Unit

8. Well Name and No.

Grayburg Jackson 8-1

9. API Well No.

N/A

10. Field and Pool, or Exploratory Area

Grayburg Jackson Q-Sand

11. County or Parish, State

Eddy County, New Mexico

1. Type of Well		
[X] Oil Well	[ ] Gas Well	[ ] Other T & A

2. Name of Operator

General Operating Company ✓

3. Address and Telephone No.

P.O. Box 877, Wichita Falls, Texas 76307-0877; (817)767-4801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SESE, Sec. 23, T.17S., R.30E.
Tract 8, No. 1 990' from South line and 330' from East line

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[ ] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other ___ Test Casing	[ ] Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Test Casing, If casing passes, well will remain temporarily abandoned.

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

Signed _Thomas W. Cain_   Title ___ Superintendent ___   Date ___ 1-24-91 ___

(This space for Federal or State office use)

Approved by _____   Title _____   Date __ 1/30/91 __
Conditions of approval, if any:

*See Instruction on Reverse Side