

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		NOV 20 1981	
2. NAME OF OPERATOR General Operating Company /		C. C. D.	
3. ADDRESS OF OPERATOR Suite 1007 Ridglea Bank Bldg, Fort Worth, Texas 76116		ARTESIA OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 810' FSL and 660' FEL Section 26-T17S-R30E, NMPM		5. LEASE DESIGNATION AND SERIAL NO. LC 028992 (b)	
14. PERMIT NO. --		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3535' GR		7. UNIT AGREEMENT NAME Grayburg Jackson Unit	
		8. FARM OR LEASE NAME Tract 13	
		9. WELL NO. 4	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Q-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-17S-30E, NMPM	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Equipping w/ tubing & packer <input checked="" type="checkbox"/>	
(Other) <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.) *

As per Notice of Intention approved by the Artesia office of the USGS on October 3, 1980, operations to equip General Operating Company's WIW #13-4 Grayburg Jackson Unit with plastic coated tubing on packer was commenced on December 9, 1980.

The 4½" OD casing was cleaned out to PBTD 3267' and 2 3/8" OD plastic coated tubing was run and set on packer at 3181'. After pressure testing casing annulus to 800 psig, packer was released to permit circulation of packer fluid to spot in tubing-casing annulus. Packer was then reset and well hooked up for water injection via tubing. Water injection was commenced @ 2:00 p.m. 12-10-80.

Pressure testing and placement of packer fluid witnessed by Mr. B. W. Weaver with New Mexico Energy and Minerals Department, Oil Conservation Division, Artesia District office.

I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Vice-President DATE 11-18-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side