

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Temporarily Abandoned Oil Well | | 5. LEASE DESIGNATION AND SERIAL NO. LC-059376 |
| 2. NAME OF OPERATOR General Operating Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME - |
| 3. ADDRESS OF OPERATOR Suite 1007, Ridglea Bank Building Fort Worth, Texas 76116 | | 7. UNIT AGREEMENT NAME Grayburg Jackson Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL and 330' FEL Section 27-T17S-R30E | | 8. FARM OR LEASE NAME Tr. 11 |
| 14. PERMIT NO. - | | 9. WELL NO. Tract 11 Well No. 3 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3624' GR | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Q-G-SA |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-T17S-R30E, 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:

| | | | |
|---------------------|--------------------------|----------------------|-------------------------------------|
| 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"/> | Re-Activate | <input checked="" 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"/> | | <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.) *

This well has been temporarily abandoned since January, 1967. Plans are to re-activate this well for production in the Grayburg formation with an evaluation to be made for possible fracture treatment to stimulate production.

RECEIVED

AUG 04 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

C. W. Stumhoffer

TITLE

Agent

DATE August 1, 1976

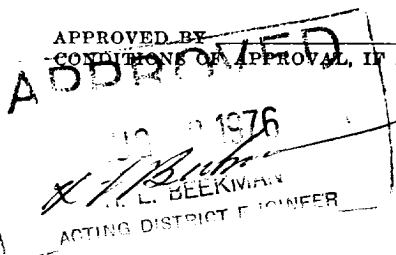
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side