FRACTURE TREAT

REPAIR WELL

(Other)

RHOOT OR ACIDIZE

MULTIPLE COMPLETE

ABANDON®

CHANGE PLANS

Cepy to 87

5. LEARE	rorm mpj Budget E	ureau N	io. 42-R14
5. LEARE	DESIGNAT	TION AND	SERIAL N

ALTERING CASING

ABANDONMENT\*

Shut In Well Status

(May 1963)	DEPARTMENT OF THE INT	ERIOR (Other instructions on verse side)	Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL BO.	
	GEOLOGICAL SURVEY	•	NM-0467934	
SUN (Do not use this	NDRY NOTICES AND REPORT  Form for proposals to drill or to deepen or p  Use "APPLICATION FOR PERMIT—" for so	olug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAR WELL	OTHER Water Injection		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SEP 2.5 1978			8. FARM OR LEASE NAME	
General Ameri	ican Oil Company of Texas 🗸		G-J Premier Sand Ut. Tr.	A)
3. ADDRESS OF OPERATO		O. C. C.	9. WELL NO.	
P. O. Box 128, Loco Hills, New Mexico 88255 ARTESIA, OFFICE  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface			#1 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
1980' FNL and 1980' FWL of Section 27,			11. BEC., T., R., M., OR BLK. AND	
Tν	wp. 17-S, Rge. 30-E.		Sec. 27, T-17-S, R-30-E	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	her DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
	3628	3' GL	Eddy New Mexico	
16.	Check Appropriate Box To Indica	ste Nature of Notice, Report,	or Other Data	
	NOTICE OF INTENTION TO:	j su	BREQUENT REPORT OF:	
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPOSED OF 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.)\*

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Within the next year we plan to abandon the Premier zone which is currently shut in and plug back and recomplete in the Seven Rivers.

We request this well be held for the above attempt at recompletion.

18. I hereby certify that the foregoing is true and correct TITLE Assistant Field Supt. DATE Sept. 19, 1978 (This space for Federal or State office use) TITLE ACTING DISTRICT ENGINEER SEP 22 1978 DATE . APPROVED BY APPROVAL, IF ANY: CONDITIONS OF