

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
JAN 31 1991
O. C. D.
ARTESIA, OFFICE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

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)
NWNE, Sec. 27, T.17S., R.30E.
Tract 6, No. 4 330' from North 1650' from East line

5. Lease Designation and Serial No.

8910085020

6. If Indian, Allottee or Tribe Name

LC-028992-B

7. If Unit or CA, Agreement Designation

Grayburg-Jackson Unit

8. Well Name and No.

Grayburg Jackson 6-4

9. API Well No.

N/A

10. Field and Pool, or Exploratory Area

Grayburg-Jackson Q-Sand

11. County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other Test Casing
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ 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.)*

Will preform casing pressure test. If test passes well will be activated or temporarily abandoned. If test fails, well will be permanently plugged.

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JAN 28 11 06 AM '91
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14. I hereby certify that the foregoing is true and correct

Signed

Title Superintendent

Date 1-24-91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

1/30/91

Gravida

Para 18. 001

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Para 18. 001