

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

DESIGNED IN U.S.A. DATE
(Check instructions on the
reverse side)

Form Approved
Bureau No. 42 R3424
PLEASE DESIGNATE THE SERIAL NO.

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.
See "APPLICATION FOR PERMIT" for such proposals.

1. WELL NO. 1111 ☒ NEW ☐ EXISTING

2. NAME OF OWNER OR
General American Oil Company of Texas

3. ADDRESS OF OPERATOR
P. O. Box 416, Loco Hills, New Mexico 88255

4. LOCATION OF WELL (Show location clearly and in accordance with any State requirements.
See instructions on reverse side.)
1946' FSL and 662' FWL of Section 30,
Twp. 17-S, Rge. 30-E

14. DEPTH NO. 3599' GL 15. ELEVATIONS (Show whether DE, RT, CR, etc.)

6. LEASE DESIGNATION AND SERIAL NO.
LC-028793 (c)

7. LAND AGREEMENT NAME

8. FARM OR LEASE NAME
Grayburg Deep Unit

9. WELL NO.
44

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M. OR BFC. AND
SURVEY OR AREA
Sec. 30, T-17-S, R-30-E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NATURE OF INTERVENTION FOR		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	DRILL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRAC TURE TREAT	ALTER/PLUG COMPLETE	FRAC TURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(OTHER) Shut-in Status	☒

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Succinctly 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.*

We request this well be held for recompletion in the San Andres as soon as equipment is available.

Well was shut in September, 1967 for economical or mechanical reasons.

After feasibility studies are completed work should be commenced within the next two years.

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

SIGNED Roy Crow
(This space for Federal or State office use)

TITLE District Superintendent DATE Oct. 23, 1974

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

UNLESS FURTHER APPROVED WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
OCT 1 - 1975
*See Instructions on Reverse Side

RECEIVED
OCT 29 1974
U.S. GEOLOGICAL SURVEY
REGIONAL OFFICE

NOV 21 1974
U.S. GEOLOGICAL SURVEY
REGIONAL OFFICE

0-70869