

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instruction
reverse side)

Form approved.
Budget Bureau No. 42-21424
RECEIVED

C/SF

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"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-060529	
2. NAME OF OPERATOR General American Oil Company of Texas /		6. IF INDIAN, ALLOTTEE, OR TRIBE, NAME ARTESIA, NM 88210	
3. ADDRESS OF OPERATOR P. O. Box 128 Loco Hills, N.M. 88255		7. UNIT AGREEMENT NAME ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL and 2232' FWL of Section 31, T-17S, R-30E		8. FARM OR LEASE NAME Beeson "F"	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3562' DF		10. FIELD AND POOL, OR WILDCAT Loco Hills	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-17S, R-30E	
		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) <input type="checkbox"/>	

(Other) Place of Production and Test. ☒ (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.)*

To comply with rule 705A, we request that this temporarily abandoned water injection well be allowed to be placed on production by the running of tubing, rods, and the zones of water injection (2800' - 2827') be pump tested.

If approved, this well will be placed on production within the next 30 days.

RECEIVED
APR 8 1982
GEOLOGICAL SURVEY
NEW MEXICO

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

SIGNED Randall M. Hawkins TITLE Field Superintendent DATE March 31, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED
DATE
APR 9 1982
JAMES A. GILLHAM
DISTRICT SUPERVISOR