

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN T
(Other instructions
reverse side)

DATE

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-060529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Beeson F

9. WELL NO.

#14

10. FIELD AND POOL, OR WILDCAT

Loco Hills

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, T-17-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. NAME OF OPERATOR

General American Oil Company of Texas

2. ADDRESS OF OPERATOR

P. O. Box 416, Loco Hills, New Mexico 88255

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

2310' FNL and 2310' FEL of Section 31,
Twp. 17-S, Rge. 30-E

14. DEPTH NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3574' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

STOP WORK AFTER CASING

FRAC-TURE TREAT

STOP WORK COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

OTHER REASONS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRAC-TURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Shut-in Status

X

(Note: Report results of multiple completion on Well
Completion or Re-completion Report and Log form.)

17. DESCRIBE PROPOSED WORK (If the work is not a completion or re-completion, 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 that this well be held for possible recompletion in the Seven Rivers Zone.

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

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

RECEIVED
OCT 25 1974
U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED

Ray C. Crow

TITLE

Dist. Superintendent

DATE Oct. 23, 1974

This space for Federal or State office use.

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

WELL MUST

UNLESS FURTHER APPROVED
BEFORE THE EXPIRATION DATE OF 1-1-1975
See Instructions on Reverse Side

NOV 1 1974

Ray C. Crow

7900 2025-01-01

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