NMOCC COPY

Form 9-331

Un. ED STATES DEPARTMENT OF THE INTERIOR Verse side)

SUBMIT IN TRIE.	A'	re•
(Other instructions	οn	re-
Turne elda)		

(May	1963

5.	LEASE	DESIGNATION	AND	BERIAL	NO.
Τ.(7-060	1529		_	

GEOLOGICAL SURVEY		LC-060529 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	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 X GAB WELL OTHER RECEIVED	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME	
2.	General American Oil Company of Texas 007 4 1977	Beggenof	
-	ADDRESS OF OPERATOR	#14 10. FIELD AND POOL, OR WILDCAT	
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* L. See also space 17 below.) ARTESIA, DFFICE At surface	L.O.CO Hills 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA	
	2310' FNL and 2310' FEL of Section 31, T. 17-S, R. 30-E.	Sec. 31. T-17!S R-30-E	
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE	
	3574' DF	Eddy New Mexic	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or (Other Data	

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING

TEST WATER SHUT-OFF FRACTURE TREATMENT MULTIPLE COMPLETE PRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE Shut In Status CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL (Other)

Over the last two years three wells in this area have been reactivated from Shut in to producing wells.

Further testing may allow the return of this well to active status. Request that it be held for further testing.

RECEIVED

SEP 2 9 1977

U. S. GEOLOGIGAL SURVEY ARTESIA, NEW MEXICO

8. I hereby certify that the foregoing is true and correct SIGNED Carlell Agustina	TITLE Asst. Field Superintendent	DATE _	September	_29 , _1977
(This space for Federal of State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE ACTING DISTRICT ENGINEER	DATE _	OCT 3 - 19	<u> 377 </u>

^{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.) *