

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. O. G. C. COPY  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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.

#4

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. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR

General American Oil Company of Texas

3. ADDRESS OF OPERATOR

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

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

1650' FSL and 2310' FWL Section 31, O.G.C.  
Twp. 17-S, Rge. 30-E

ARTERIAL SURVEY

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PAUL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE 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 (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.)

We request this well be held for possible recompletion in the Seven Rivers Zone.

Well was shut in June, 1968 for economical or mechanical reasons.

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

RECEIVED  
OCT 29 1974  
U.S. GEOLOGICAL SURVEY  
ALBUQUERQUE, N.M.

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

SIGNED

*Ray Crow*

TITLE District Superintendent

DATE Oct. 23, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PLUGGED TO PERMANENT LUG OR PLUGGED BY OCT 1 - 1975  
\*See Instructions on Reverse Side

NOV 1974

*Baker*

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