DEPARTME . T OF THE INTERIOR

H. M. C. C. C. CODY SI BMIT IN TRIP

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

IAIT 'LOL LITE HATTIVICAL ANGSE BINE!	O, DEASE DESIGNATION AN
GEOLOGICAL SURVEY	LC-060529

SUNDRY NOTI	CES AND	REPORTS	ON	WELLS
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	SUNDRY NOTICES AND REPORTS ON WELLS (1m not use this form for proposals to deall or to deepen of plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)	
1.		7. UNIT AGREEMENT NAME
ν	AME OF OURBATOR Water Injection	8. FARM OR LEASE NAME
	General American Oil Company of Texas	Beeson F
3. A	CORPES OF OPERATOR	9. WELL NO.
	P. O. Box 416, Loco Hills, New Mexico 88255	# 7
	Short to the first the first the first the feet and feet and the first the feet and	10. FIELD AND POOL, OR WILDCAT
	See also space 17 helow.) V surface	Loco Hills
	990' FNL and 330' FEL of Sections 1504 and 1000	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
	Twp. 17-S. Rge. 30-E	
	, , -	Sec. 31, T-17-S, R-30-E
14. 1	The ELECTRICAL SHOW whether DE RT. GR, etc.)	12. COUNTY OR PARISH 13. STATE

3585' DF Eddy 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO PULL OR ALPER CASING WATER SHUT-OFF REPAIRING WELL TEST WATER SHUT-OFF ALTERING CASING PRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDON MENT* SHOOTING OR ACIDIZING SHOOT OF ACTOIZE (Other) Shut-in Status REPAIR WELL CHANGE LANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

tompletion or recompletion keport and Log form.)

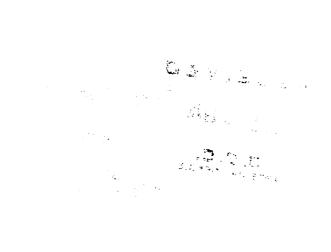
17 DESCRIBE PROPOSED OF COMPLETE CONTRIVIOUS Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

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

Well was shut in April, 1968 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 SIGNED	TITLE District Superintendent	DATE Oct. 23, 1974
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE WELL MUST 1975 See Instructions on Reverse Side	D ATE
14 Buhn mi. E55	See Instrictions on Reverse Side	



· Same