

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYN. M. C. C. G. COPY  
SUBMIT IN TRIP DATE  
(Other instruction  
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.

#7

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

Eddy

13. STATE

N.M.

## 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 ☐ 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  
**990' FNL and 330' FEL of Section 31,  
Twp. 17-S, Rge. 30-E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, OR, etc.)  
**3585' DF**

RECEIVED

OCT 2 1974

O. C. C.

REGIONAL OFFICE

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> <b>Shut-in Status</b>		<input checked="" type="checkbox"/>

(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 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 correct

SIGNED Roy CrowTITLE District SuperintendentDATE Oct. 23, 1974

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

1943

OFFICE OF THE  
DIRECTOR  
BUREAU OF  
INVESTIGATION  
WASHINGTON, D.C.

RECEIVED  
JAN 23 1944  
FEDERAL BUREAU OF  
INVESTIGATION

1944