Form 9-331	UNI D STATES M	M OSTRECONS TOOM	Form appro	oved.
(May 1963)		Other Instructions r	Buuget Bui	N AND BRIAN AS EVED
_	ARTMENT OF THE INTERIG			A AND HERING MODEL (E.C.
C/5F	GEOLOGICAL SURVEY A	rtesia, NM 88210	LC-060529	
CLINIDAY	NOTICES AND DEPORTS O	N WELLS	6. IF INDIAN, ALLOTT	TEE OR TAPRAT 3 198
SUNDRY	11011620 1 11 12 1121 0 11110			1000
(Do not use this form for Use "A	r proposals to drill or to deepen or plug ban APPLICATION FOR PERMIT—" for such pro-	posals.)		0.00
1.			7. UNIT AGREEMENT	NAME ADVE
OIL GAS	Waton Injection			ARTESIA, OFFICE
	THER Water Injection		8. FARM OR LEASE N	AME
2. NAME OF OPERATOR	/			
General American	Oil Company of Texas 🖊 🔠		Beeson "F"	
3. ADDRESS OF OPERATOR			9. WELL NO.	
P.O. Box 128	Loco Hills, N.M. 8825		16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			10. FIELD AND POOL,	OR WII DCAT
See also space 17 below.) At surface			Loco Hills	
			11. SEC., T., R., M., O	
2310' FSL and 130	O' FWL of Section 31, T-17	S. R-30E	SURVEY OR AR	54
2010 102 4112 2000 1112 01 00011111 000, 110 110			Sec. 31, T-	17S R-30E
	(0)		12. COUNTY OR PARI	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)		1
	3568' DF		<u> Eddy </u>	<u>lNew Mexic</u> o
		· (N) · · · D	Other Deter	
ւճ. Ch	eck Appropriate Box To Indicate No	ature of Notice, Report, or	Orner Dara	
NOTICE	OF INTENTION TO:	SUBSE	EQUENT REPORT OF:	
	ı []		REPAIRING	WELL.
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONS	CENT*
REPAIR WELL	CHANGE PLANS	(Other)	lts of multiple completion	n on Well
(Other) Place on Pr	oduction and Test. X	Completion or Recon	apletion Report and Log	form.)
well be allowed t	le 705A, we request that t o be placed on production jection (2798' - 2826') be	by the running of		
If approved, this	well will be placed on pro	oduction within the	next 30 days.	
			TONE TO SERVICE OF SER	1382: 124 1382: 124
				
18. I hereby certify that the fo	egoing is true and correct	1d Cunamintandan+	Man	-h 31 1002
SIGNED Sendell	M. Wawkins TITLE Fie	ia Superincendent	DATE FIGT	ch 31, 1982
			100000000000000000000000000000000000000	
(This space for Federal or	State office use)	-	AITPINUYED	-
A DDD OWEN DW	TITLE		DATE	
CONDITIONS OF APPROV				<u> </u>
	•	1	APR 91982	A
			71/ 1 0 100L	
	40 -		1166	
	▼See Instructions	on Reverse Side	JAMES A. GILLHA	}
		\	DISTRICT SUPERVIS	SOR