

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0467934

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

G.-J. Premier Sand Ut. Tr. AD

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T-17S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

New MEXICO

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

General American Oil Company of Texas ✓

3. ADDRESS OF OPERATOR

P. O. Box 128 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

330' FNL and 640' FEL

RECEIVED

FEB 15 1978

14. PERMIT NO.

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

3554' GR

O. C. C.

ARTESIA, OFFICE

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Converting from Injection Well X

(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.) *

Decided to test well before re-working well in Seven Rivers Zone.

Well is flowing oil and water. Will continue to flow and possibly place well on pump for further testing.

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

SIGNED Sendell Hawkins

TITLE Assistant Field Superintendent DATE February 14, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: