

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**MM-0467934**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

**General American Oil Company of Texas**

3. ADDRESS OF OPERATOR

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

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

**1815' FSL & 1295' FWL, Section 27  
Twp. 17S, Rge. 30E**

7. UNIT AGREEMENT NAME

**G.-J. Premier Sand Unit**

8. FARM OR LEASE NAME

**G.-J. P.S.U. Tract MB**

9. WELL NO.

**12**

10. FIELD AND POOL, OR WILDCAT

**Grayburg-Jackson**

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

**Sec. 27, T-17-S, R-30-E**

14. PERMIT NO.

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

**3624' GL**

12. COUNTY OR PARISH

**Rddy**

13. STATE

**N. M.**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

**On October 30, 1969 we sand fraced this well using 30,000 gallons of slick water and 30,000# 20/40 sand. Maximum pressure 3400#. Average treating pressure 2800#. ISDP 1700#.**

**RECEIVED**

**NOV 13 1969**

**U. S. GEOLOGICAL SURVEY  
ARTS & MINES DIVISION**

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

SIGNED

TITLE

**District Superintendent**

DATE

**Nov. 12, 1969**

(This space for Federal or State Office Use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL IF ANY:

DATE

ACCEPTED FOR RECORD PURPOSES  
NOV 18 1969  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side