

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-21424

5. LEASE DESIGNATION AND SERIAL NO.

LC-206784-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keely C

9. WELL NO.

47

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

Sec. 13, T17S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL ☒ 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 88255

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

At surface 1980 FNL and 1980' FNL, Sec. 13, T17S, R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether BF, RT, OR, etc.)

3634' GL

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)

(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.)

4-4--72 We perforated the Loco Hills sand from 2440' to 2444' with 8 holes and from 2449' to 2454' with 10 holes. Fraced Loco Hills zones with 30,000 sand and 30,000 gallons gelled water. No results.

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

SIGNED

TITLE

District Superintendent

DATE

June 5, 1972

(This space for Referral or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side