

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 42 R1424

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-074937	
2. NAME OF OPERATOR General American Oil Company of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 128 Loco Hills, New Mexico		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL and 1980' FEL		8. FARM OR LEASE NAME Parke "F"	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705' GL		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-17S, R-30E	
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.)		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

RECEIVED

FEB 12 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" 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"/>

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) _____
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

WE PROPOSE TO:

1. Dig small workover pit.
2. Pull rods and tubing.
3. Set retrievable bridge plug @ approximately 2,000 ft.
4. Re-cement across Seven Rivers zone.
5. Drill out cement.
6. Log and perforate Seven Rivers zone.
7. Sand frac Seven Rivers zone.
8. Retrieve bridge plug and return well to production.

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

SIGNED Randall A. Hawkins TITLE Assistant Field Superintendent DATE February 11, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FEB 12 1980

CONDITIONS OF APPROVAL, IF ANY: