

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Copy to SF
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"/>		3. LEASE DESIGNATION AND SERIAL NO. LC-028992-e	
2. NAME OF OPERATOR General American Oil Company of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 416 Loco Hills, New Mexico 88255		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State agreements. See also space 17 below.) At surface 990' FEL and 990' FEL Sec. 23, T-17S, R-30E		8. FARM OR LEASE NAME Arnold "E"	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3664' GL		10. FIELD AND POOL, OR WILDCAT Fren	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-17S, R-30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

- Spud well June 13, 1977.
- Ran 9-5/8" OD 36# casing and set at 470' KB as follows:
 - Volume of cement equalled 198 cubic feet (150 sacks).
 - Brand of cement was Southwestern Class "C" with 2% CaCl.
 - Approximate temperature of cement slurry was 72°.
 - Formation temperature was 64°.
 - After standing cemented 9 hours compressive strength was 800#.
Pressure tested to 400#. Tested OK.
 - Drilled out cement after standing 18 hours.
- Ran 7" OD 23# casing to 2095' KB and cemented with 200 sacks cement.
- We perforated as follows: 1957'-1961' (12); 1986'-1988' (6); 1990'-1993' (9).
- Fractured from 1957'-1961' with 20,000# sand and 20,000 gallons water.
Fractured from 1986'-1993' with 20,000# sand and 20,000 gallons water.

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

SIGNED Lendee HawkinsTITLE Assist. Field Superintendent DATE August 24, 1977

(This space for Federal or State office use)

APPROVED BY Lee J. Larr
CONDITIONS OF APPROVAL, IF ANY:TITLE ACTING DISTRICT ENGINEERDATE AUG 29 1977