

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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JAN 31 1991

O. C. D.
ARTESIA, OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

General Operating Company

3. Address and Telephone No.

P.O. Box 877, Wichita Falls, TX 76307-0877; (817)767-4801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NESW, Sec. 22, T.17S., R.30E.
Tract 4, No. 3

1980' FS & WL

625

FORM APPROVED

Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

8910085020

6. If Indian, Allottee or Tribe Name

LC-029020-G

7. If Unit or CA, Agreement Designation

Grayburg Jackson Unit

8. Well Name and No.

Grayburg Jackson Tr. 4, # 3

9. API Well No.

NA

10. Field and Pool, or Exploratory Area

Grayburg Jackson

11. County or Parish, State

Eddy County,
New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other test casing
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Will preform casing pressure test. If test passes well will be activated or temporarily abandoned. If test fails, well will be permanently plugged.

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JAN 28 11 07 AM '91
CARB AREA

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

Signed Thomas G. Allen

Title Superintendent

Date 1-24-91

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date 1/30/91