

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. Lease Designation and Serial No.
8910085020

6. If Indian, Allottee or Tribe Name
LC-028992-I

SUBMIT IN TRIPLICATE

RECEIVED

JAN 31 1991

O. C. D.
ARTESIA, OFFICE

7. If Unit or CA, Agreement Designation

Grayburg Jackson Unit

8. Well Name and No.

Grayburg Jackson 12-2

9. API Well No.

N/A

10. Field and Pool, or Exploratory Area

Grayburg Jackson Q-Sand

11. County or Parish, State

Eddy County, New Mexico

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, Texas 76307-0877; (817) 767-4801

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

SWNW, Sec. 26, T. 17S., R.30E.
Tract 12, No. 2 1980' from North line and 660' from West line

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.

RECEIVED
JAN 28 11 06 AM '91
OIL & GAS
AREA

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

Signed Thomas [Signature]

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