|   |  | - WM   | 10cc -        |                   |                             | cop   | y 10  | >F                      |  |
|---|--|--|---------------|-------------------|-----------------------------|---|---|-------------------------|--|
| Form 9-331<br>(May 1963)  | DEPART                                     | UNITED STATES  UNITED STATES  COPY SUBMIT IN TRIPLICATE*  OUTPUT INSTRUCTIONS ON THE INTERIOR (Other instructions on re- verse side) |               |                   |                             |   | Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND BERIAL NO.                 |                         |  |
| GEOLOGICAL SURVEY   |  |  |               |                   |                             | LC-067610-a  6. IF INDIAN, ALLOTTEE OR TRIBE NAME |   |                         |  |
| (Do not us  | SUNDRY NO te this form for propuse "APPLIC | FICES AND REDSTAND RECEIVED FOR PERMIT   | PORTS ON      | to a different    | reservoir.                  | 6. IF INDIAN, AL                                  | LOTTEE OR TRIE  | E NAME                  |  |
| OIL WE'LL GAS OTHER Water Injection RECEIVED  |  |  |               |                   |                             |   | 7. UNIT AGREEMENT NAME  |                         |  |
| General American Oil Company of Texas OCT 13 1977   |  |  |               |                   |                             |   | 8. FARM OR LEASE NAME BOSWORTH 9. WELL NO.  |                         |  |
| P. O. Box 416 Loco Hills, New Mexico 88255  4. Location of Well (Report location clearly and in accordance with any Statement of Fig. See also space 17 below.)  At surface  1980' FSL and 1980' FEL Section 14, T-16S, R-29E |  |  |               |                   |                             |   | 2 10. FIELD AND POOL, OR WILDCAT High Lonesome 11. BEC., T., E., M., OE BLK. AND BURNEY OR AREA |                         |  |
| 14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)   |  |  |               |                   |                             |   | T-16S, R  | ATE                     |  |
|   |  | 3726' DF   |               |                   |                             |   | Eddy   New Mexico   |                         |  |
| 16.   | Check A                                    | Appropriate Box To   | Indicate Nati | are of Notice     | e, Report, or C             | )ther Data  |   |                         |  |
|   | NOTICE OF INTENTION TO:                    |  |               |                   |                             |   | EQUENT REPORT OF:   |                         |  |
| TEST WATER :<br>FRACTURE TRI<br>SHOOT OR ACI<br>REPAIR WELL   | EAT  | FULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON® CHANGE PLANS  |               | (Other)           |                             | Shut-In   |   | <u> </u>                |  |
| This well for   | ork. If well is direct work.)*             | rerations (Clearly stationally drilled, give state art of an act e either as a is unit.  | ive waterf    | lood unit         | and we rec                  | quest to h  | old this  | rting any<br>nes perti- |  |
|   | ·  |  |               |                   |                             |   |   |                         |  |
|   |  |  |               | t.<br>2<br>4<br>1 | RECE'SEP25                  |   | \$<br>1   |                         |  |
|   |  |  |               |                   | U. S. GEOLOGI<br>ARTESIA, M | ICAL SURVEN                                       | 4   |                         |  |
| 18. I hereby cert   | ify that the foregoing                     | ; is true and correct  |               |                   |                             |   |   |                         |  |
| signed _  | O 1.00 11                                  | rubino   | TITLEASSIS    | t. Field          | Superinten                  | dent DATE S                                       | eptember  | <u>29, 19</u> 77        |  |
| (This space f   | or Federal or State                        | office use)  | TITLE AC      | TING DIST         | RICT ENGINE                 | ER DATE   | OCT 18  | 1977                    |  |
| CONDITIONS  | OF APPROVAL, IN                            | ANY:   |               |                   |                             | SENSTICAL   | <sup>(ED,</sup> WEEDS on  |                         |  |

\*See Instructions on Reverse Side

EC FUT TO BENGEICAL USE OR PLUGGED BY