

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ORIGINAL
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 060529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Beeson "F"

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Loco Hills

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, T-17S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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 GAS WELL OTHER

2. NAME OF OPERATOR

General American Oil Company of Texas

3. ADDRESS OF OPERATOR

P. O. Box 416 Loco Hills, New Mexico 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1650' FNL, 330' FEL

Section 31, Township 17-South, Range 30-E, N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3584' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Test for Oil Production

(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.)*

Well shut in since 1968 (Former Injection Well).

Ran tubing, pump, and rods to test for oil Production.

RECEIVED

MAY 15 1975

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Ray Crow

TITLE District Superintendent

DATE May 14, 1975

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

MAY 1

Ray Crow