

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-R1424.

*Copy to SF*

**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.)

**RECEIVED**

**JAN 23 1976**

**O. C. C.**  
**ARTEBIA, OFFICE**

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  
**2310' FSL and 2310' FEL Section 28, T-17S, R-30E**

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3630' GL**

5. LEASE DESIGNATION AND SERIAL NO.  
**LC - 053259-a**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
**G.J. P. Ut. TR. "MA"**

9. WELL NO.  
**3**

10. FIELD AND POOL, OR WILDCAT  
**Grayburg-Jackson**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 28, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Perforate Casing</b> <input checked="" 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 at 2:00 P.M. December 14, 1975.
  - Ran 8-5/8" OD 24# casing to 502' KB as follows;
    - Volume of cement equalled 132 cubic feet (100 sacks).
    - Brand of cement was Southwestern Class "C" with 2% CaCl.
    - Approximate temperature of cement slurry was 58° F.
    - Formation temperature was 66° F.
    - After standing cemented 9 hours compressive strength was 800#. Pressure tested to 400#. Tested O.K.
    - Drilled out cement after standing 12 hours.
  - Ran 4-1/2" OD 9.5# and 10.5# new and used casing to 3185' KB and cemented with 700 sacks cement.
  - We perforated from 3098' to 3102' (16 holes).
  - Fraced from 3098' to 3102' with 20,000# sand and 20,000 gallons water.

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**JAN 19 1976**  
**U.S. GEOLOGICAL SURVEY**  
**ARTEBIA, NEW MEXICO**

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

SIGNED *Ray Claw* TITLE District Superintendent DATE January 16, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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**JAN 25 1976**  
**U.S. GEOLOGICAL SURVEY**  
**ARTEBIA, NEW MEXICO**