

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 070601-A
2. NAME OF OPERATOR Shelley Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Santa Fe
3. ADDRESS OF OPERATOR 1000 14th Street, Denver, Colorado 80202		7. UNIT AGREEMENT NAME East D'son Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2140' INL and 1000' TBL Section 30-25N-10W		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 44
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6510' GR		10. FIELD AND POOL, OR WILDCAT District 10-11-12
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 30-25N-10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

All depths shown are from ground level.
7-10-71 - ME A WH Afted Well Service Unit. Pulled rods.
Spotted cement plug from 5126' to 5026'. Pulled 2" tubing.
Worked 5-1/2" casing to floor case. Set 5-1/2" OD casing off at 1524'.
Spotted cement plug from 1534' to 1555', 50' inside casing and 143' above.
5-1/2" casing set. Pulled 5-1/2" casing to 730'. Spotted cement plug from
730' to 620'. Pulled total of 27 joints 1520' of 5-1/2" casing.
Spotted 10' cement plug in surface casing. Installed dry hole marker.
Completed R & A 7-23-71.

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

SIGNED C. L. Bickel

TITLE Lead Clerk

DATE 10-20-71

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____