Form approved.

ABANDONMENT'

	GEO	NT OF THE INTERI	-		ludge No. 3 064 LOTTEE OR TRIBE NAME	
	SUNDRY NOTICE (Do not use this form for proposals t Use "APPLICATION	S AND REPORTS (to drill or to deepen or plug to N FOR PERMIT—" for such p				
	OIL X GAS OTHER	Carson U	7. UNIT AGREEMENT NAME Carson Unit			
2.	NAME OF OPERATOR	8. FARM OR LEAS	8. FARM OR LEASE NAME			
	Shell Oil Company	9. WELL NO.				
3.	ADDRESS OF OPERATOR			0. WEDD NO.		
	P. O. Box 831, Houston, Texas 77001			34-13		
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND PO		
	660' FSL & 1976' FEL of Sec. 13,				11. SEC., T., R., M., OR BLK. AND BURYEY OR AREA	
	T25N, R12W, N.M.P.M., San Juan Co., N. M.			125N, RI		
14.	PERMIT NO. 11	5. ELEVATIONS (Show whether DF	, ET, GR, etc.)	12. COUNTY OR I	PARISH 13. STATE	
		6421.1 K.B.		San Juar	N. M.	
16.	Check Appro	priate Box To Indicate N	Nature of Notice, Report,	or Other Data		
	NOTICE OF INTENTION TO:			BEEQUENT REPORT OF:		
		OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT		RING WELL	
		1	,			

(Norm: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Temporarily Abandon 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.)*

Subject well temporarily abandoned and held pending conclusion of investigation regarding methods for additional recovery. Pertinent data given below:

- Current status of well
- 2. Date of last use
- 3. Reason for TA
- Future plans

SHOOT OR ACIDIZE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

REPAIR WELL

5. Approximate date of future operations

ARANDON*

CHANGE PLANS

Shut-in 1970

SHOOTING OR ACIDIZING

Uneconomic operation

Temporary Abandon

Reference letter of transmittal

Reference letter of transmittal

				, 0,6,	
8. I hereby certify that the foregoing is true and correct SIGNED	TITLE .	Division Operations	Engineer	10/25/	/14
(This space for Federal or State office use)					

*See Instructions on Reverse Side