Var. 1062)			SUBMIT IN TRIPLICATE	Form approved. Budget Bureau No. 42 k1424
(May 1903)	DEPARTMENT OF THE INTERIOR (Other instructions on the interior of the interior of the instructions of the instruction of the in			5. LEASE DESIGNATION AND SERIAL NO. Phillips Pet. Co. No. 3
	G	EOLOGICAL SURVEY		1 -
	CULIDDY MOTI	ES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not	use this form for proposal Use "APPLICAT	Hoska YeCa Wood Price		
ī.				7. UNIT AGREEMENT NAME
OIL	GAS OTHER	Carson Unit		
2. NAME OF OPE	ERATOR	8. FARM OR LEASE NAME		
Sholl (Dil Company			7
3. ADDRESS OF		9. WELL NO.		
P O I	Box 831, Houston	23-18		
4. LOCATION OF	WELL (Report location cle ce 17 below.)	10. FIELD AND POOL, OR WILDCAT Bisti		
	SL & 1888' FWL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
	11W, N.M.P.M.,	SURVEY OR AREA		
12311, 1	CTIM'S INSTITUTE STEES	, and the same of the same		725N, RIIW
14. PERMIT NO.		15. ELEVATIONS (Show whether I	OF, BT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		6392.5' K.B.		San Juan N. M.
16.	Check App	propriate Box To Indicate	Nature of Notice, Report, or C	Other Data
	NOTICE OF INTENT	JENT REPORT OF:		
	a seur-off P	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
		ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
FRACTURE 1		BANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WE		1 (VIDET)	y Abandon X	
(Other)	Temporarily Aba	of multiple completion on Well letion Report and Log form.)		
17. DESCRIBE PR				including estimated date of starting any all depths for all markers and zones perti-
Subject	well temporaril	v abandoned and he	ld pending conclusion	of investigation
regardi	ng methods for a	idditional recovery	. Pertinent data give	en below:
			Shut-in	
1.	• • • • • • • • • • • • • • • • • • • •		1970	
2.	Date of last	ise and a second	Uneconomic (neration

- Reason for TA
 Future plans
 Approximate date of future operations

Reference letter of transmittal

Reference letter of transmittal



		NOV 18 OIL CON. DIST.
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Division Operations	Enginee 5 10/25/74
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
*Se	e Instructions on Reverse Side	