

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.  
E. W. Mudge No. 3  
SF 078064  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 7. UNIT AGREEMENT NAME<br>Carson Unit                          |
| 2. NAME OF OPERATOR<br>Shell Oil Company   | 8. FARM OR LEASE NAME<br>-                                     |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 831, Houston, Texas 77001  | 9. WELL NO.<br>41-13   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>660' FNL & 660' FEL of Sec. 13<br>T25N, R12W, N.M.P.M., San Juan, N. M. | 10. FIELD AND POOL, OR WILDCAT<br>Bisti                        |
| 14. PERMIT NO.   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>T25N, R12W |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.)<br>6380' KB   | 12. COUNTY OR PARISH<br>San Juan                               |
|  | 13. STATE<br>N. M.   |

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) Temporarily Abandon <input checked="" type="checkbox"/> |   |

SUBSEQUENT REPORT OF:

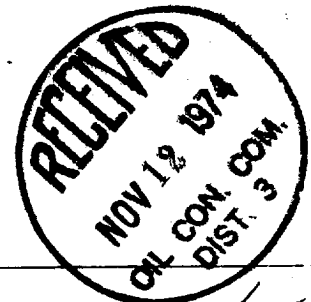
|   |  |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/>                       | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                   | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                |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

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

- |  |                                 |
|--|---------------------------------|
| 1. Current status of well                | Shut-in                         |
| 2. Date of last use                      | 1969                            |
| 3. Reason for TA                         | Uneconomic operation            |
| 4. Future plans                          | Reference letter of transmittal |
| 5. Approximate date of future operations | Reference letter of transmittal |



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

SIGNED H. J. Kline TITLE Division Operations Engineer DATE 10/25/74

(This space for Federal or State office use)

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