

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.
L. M. Phillips No. 1

SF 078063

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector		7. UNIT AGREEMENT NAME Carson Unit	
2. NAME OF OPERATOR Shell Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P. O. Box 831, Houston, Texas 77001		9. WELL NO. 24-7	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL 1971' FWL of Sec. 7, T25N, R11W, N.M.P.M., San Juan Co., N. M.		10. FIELD AND POOL, OR WILDCAT Bisti	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T25N, R11W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6357.76' K.B.		12. COUNTY OR PARISH San Juan	
		13. STATE 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
2. Date of last use
3. Reason for TA
4. Future plans
5. Approximate date of future operations

Shut-in
1971
Uneconomic operation
Reference letter of transmittal
Reference letter of transmittal



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

SIGNED

A. J. Korne

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: