

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-1424.

5. LEASE DESIGNATION AND SERIAL NO.

L.M. Phillips No. 7
NM 070322

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 Carson Unit
2. NAME OF OPERATOR Shell Oil Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1700 Broadway, Denver, Colorado 80202		9. WELL NO. 23-10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL of Sec. 10, T25N, R12W, N.M.P.M., San Juan County, New Mexico		10. FIELD AND POOL, OR WILDCAT Bisti
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T25N, R12W, N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6264' KB		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Return well to production

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
☐

REPAIRING WELL

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☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

See attached prognosis.



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

SIGNED

TITLE Division Operations Engineer DATE 6/6/78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

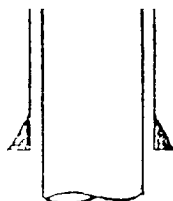
DATE

cc: New Mexico OGCC w/attachment

*See Instructions on Reverse Side

Okal

8 5/8"
223
28"



REMEDIAL PROGNOSIS
CARSON UNIT 23-10
1980' FSL & 1980' FWL
SECTION 10, T2S, R12W, NMPM
BISTI FIELD
SAN JUAN COUNTY, NEW MEXICO

PERTINENT DATA:

ELEV: 6264' KB

KB-GL: 12'

TD: 4975' PBD: 4910'

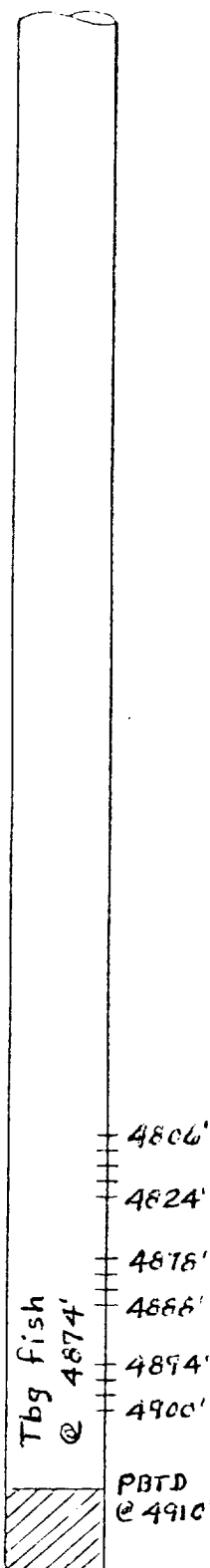
Completion Date: 1-28-58

CURRENT STATUS: Temporarily abandoned.

PROPOSED WORK: Stimulate the Gallup producing interval, install artificial lift equipment and return well to production.

PROCEDURE:

1. Have road repaired so that rig can travel to location.
2. Install dead man anchors.
3. Move in rig.
4. Pull equipment. Visually inspect rods for any defects. Lay down tubing.
5. Run sinker bar on sandline and tag bottom.
6. Run casing scraper on tested "white band" tubing to top of fish at 4874'.
7. If fill is above 4874', bail clean to top of fish.
8. Run retrievable bridge plug and retrievable packer on tubing. Set bridge plug at 4855'±.
9. Test bridge plug with 1000 psi surface pressure with packer set at 4830'±.
10. Raise packer to 4795'±. Flush injection lines and pump with water before hooking up to well head. Set packer and test casing with 800 psi surface pressure. Spot 400 gals Dowell P-121 solvent to perfs. Follow solvent with 500 gals 15% HCl, follow 15% HCl with 1000 gals "Mud Acid" (7-1/2 - 1-1/2) and displace acid with 3% ammonium chloride water (250#/1000 gals fresh water). Treat at 1/4 BPM. Use adjustable choke on injection line to maintain pressure on pump if necessary. Add inhibitor and sequestering agents as required.



5 1/2"
4957'

14"

REMEDIAL PROGNOSIS
CARSON UNIT 23-10

11. S.I. well overnight.
12. Pull retrievable bridge plug, packer and tubing.
13. Run tubing with anchor 2 jts. up from bottom. Pump shoe to be at 4800'±.
Run rod design as stated on attached "production equipment" sheet.
14. Have electric line repaired to location.
15. Tie flow line into gathering line.
16. Install Lufkin C-228 pumping unit.
17. Put well on production. Test well daily for three weeks and two times each week for the next four weeks. Report tests to Houston Operations Engineering.

COC:KW

Approved: _____

DEC 1974

CJW
5/24