Fогта 9-331 (May 1963)	DEPARTM	UNITED STATES MENT OF THE INTERI EOLOGICAL SURVEY	SUBMIT IN TRIPLICATE® (Other instructions on re verse side)			
(Do not use	SUNDRY NOTI this form for propose Use "APPLICA"	CES AND REPORTS Cals to drill or to deepen or plug b	ON WELLS  ack to a different reservoir.  oposais.)	O. IF INDIAN, ADECUTED ON THINK SAME		
	AS OTHER	7. UNIT AGREEMENT NAME Carson Unit				
2. NAME OF OPERA	TOR	8. FARM OR LEASE NAME				
Shell 0i	1 Company					
3. ADDRESS OF OPE	ERATOR	9. WELL NO.				
P. O. Box	x 831, Houston	43-10				
4. LOCATION OF WE See also space 1	ELL (Report location cl. 17 below.)					
At surface				Bisti 11. sec., T., B., M., OR BLK. AND		
	L & 660' FEL o	SURVEY OR AREA				
125N, KI	2W, N.M.P.M.,	T25N, R12W				
14. PERMIT NO.   15. BLEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OR PARISH 13. STATE		
II. IBBSII NV.		6207' G.R.		San Juan N. M.		
16.	Check Ap	Other Data				
	NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER 8	HUT-OFF F	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TRE	AT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACID	DIZE /	ABANDON*	SHOOTING OR ACIDIZING	ry Abandon X		
REPAIR WELL	,	CHANGE PLANS	(Other)	s of multiple completion on Well		
	emporarily Ab		Completion or Recomp	pletion 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 w	all temporari	ly abandoned and hel	d pending conclusion	of investigation		
regarding	methods for	additional recovery.	Pertinent data giv	en below:		
1.	Current statu	s of well	Shut-in	10 m		
2.	Date of last	use	1970			
3.	Reason for TA	Uneconomic				
	Future plans			etter of transmittal		
5.	Approximate d	ate of future operat	ions Reference l	etter of transmittal		



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I hereby certify that the foregoing is true and correct SIGNED	TITLE	Division Operations Engineer 10/2-/25
 (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
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