

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(Other instructions on reverse side)

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

L.M. Phillips No. 7

NM 070322

8. 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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. <b>UNIT AGREEMENT NAME</b> Carson Unit	
2. <b>NAME OF OPERATOR</b> Shell Oil Company		8. <b>FARM OR LEASE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> 1700 Broadway Denver, Colorado 80202		9. <b>WELL NO.</b> 43-10	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL & 660' FEL of Section 10, T25N, R12W, N.M.P.M., San Juan County, New Mexico		10. <b>FIELD AND POOL, OR WILDCAT</b> Bisti-Lower Gallup	
14. <b>PERMIT NO.</b>		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 10, T25N, R12W, NMPM	
15. <b>ELEVATIONS</b> (Show whether OF, RT, CR, etc.) 6220' KB		12. <b>COUNTY OR PARISH</b> San Juan	
		13. <b>STATE</b> N.M.	

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

**NOTICE OF INTENTION TO:**

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

Return to production ☒

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

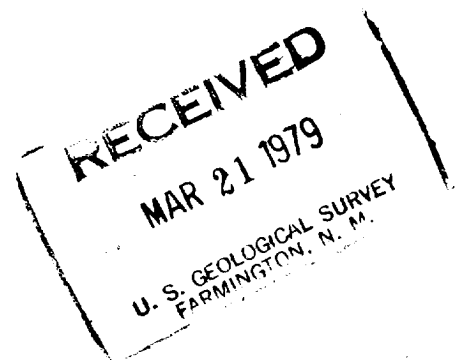
ALTERING CASING ☐

ABANDONMENT\* ☐

(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

*L. Plauty*

TITLE Division Operations Engineer DATE 3/19/79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

cc: NMO&GCC w/attach for info

\*See Instructions on Reverse Side

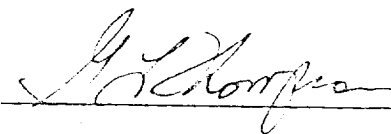
*hymoc*

*Aliaf*

4.5<sup>12</sup>

9. Shut in well overnight.
10. Pull tubing and packer.
11. Run 2-3/8" tubing with anchor one joint above shoe. Run rods as per attached "equipment specifications" sheet.
12. Repair electrical line to location. Install transformer and controller.
13. Tie flowline into gathering system.
14. Fix pumping unit pad to accommodate Lufkin C164-170-54 pumping unit.
15. Install pumping unit.
16. Put well on production. Test well and report tests to Houston Operations Engineering.

Approved



Date

3/12/79

COC:JL

VAC

