

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
SHELL OIL COMPANY

3. ADDRESS OF OPERATOR
P.O. Box 831 Houston, Texas 77001

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980 FEL Sec. 19
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

5. LEASE
L.M. Phillips No. 1 SF 07 8063

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.
34-19

10. FIELD OR WILDCAT NAME
Bisti

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
T25N R11W Sec. 19

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6454' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE DIV. PROD. ENG. DATE 2-2-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ok [Signature]

*See Instructions on Reverse Side

APPROVED
OIL CON. COM.
FEB 3 1980
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

AUTHORITY FOR EXPENDITURE

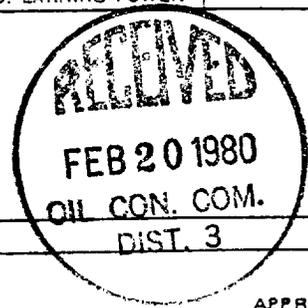
DEPT. PRODUCTION	BRANCH OFFICE ROCKY MTN. DIVISION	ORIGINATING OFFICE PRODUCTION	A.F.E. NO.
LOCATION OF PROJECT CARSON UNIT BISTI FIELD SAN JUAN COUNTY, NEW MEXICO			APPROPRIATION NO.
LOCATION NUMBER			DATE PREPARED 10/17/79
			DATE REGISTERED
			EST. <input type="checkbox"/> COMPLETION <input type="checkbox"/> ACTUAL <input type="checkbox"/>

WORK ORDER NUMBER	TYPE	DESCRIPTION	100% COST	SHELL'S 100 % SHARE			
				BUDGET	NON-BUDGET	EXPENSE	TOTAL
		Stimulate C.U. 34-19 and install equipment to return to production.	\$16,700			\$16,700	\$16,700
		Purchase and install other surface and subsurface equipment to return well to production.	8,600	\$8,600			8,600
		Transfer Lufkin C124-135-48 pumping unit and motor from Yorba Linda, CA to C.U. 34-19	5,625	5,625			5,625
Requested by: C. O. Collins							
(Worksheet)							
SUB-TOTALS			\$30,925	\$14,225		\$16,700	\$30,925

BUDGET POSITION	AVAILABLE IN BUDGET	RETIREMENT EXPENSE (LESS SALVAGE)	
	NEW CAPITAL FUNDS REQUIRED BY BUDGET REVISION	TOTAL COST	\$30,925

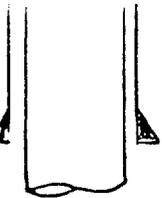
RETIREMENT DATA		JUSTIFICATION	
ORIGINAL COST		BUDGET CAPITAL EXPENDITURE	
LESS DEPRECIATION		MAINTENANCE, PLANT CHANGE & OTHER EXPENSE	
NET BOOK VALUE		RETIREMENT EXPENSE	
RETIREMENT EXPENSE		TOTAL - EXCLUDING TRANSFERRED ASSETS	
SALVAGE VALUE ()		ESTIMATED SAVINGS OR REVENUE	
BOOK (PROFIT) OR LOSS		ESTIMATED PAY-OUT PERIOD - EXCLUDING TRANSFERRED ASSETS	
DESCRIPTION OF PROJECT AND REASON FOR EXPENDITURE		ESTIMATED PAY-OUT PERIOD - INCLUDING TRANSFERRED ASSETS	
		EST'D. USEFUL LIFE	EST'D. TAX LIFE
		EST'D. EARNING POWER	

See attached justification.

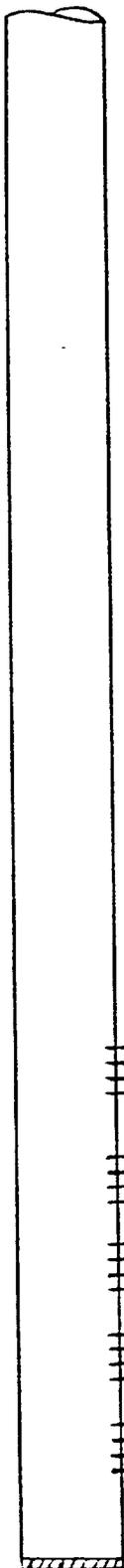


RECOMMENDED	APPROVALS
160-23-74 JMR verbal 10/30/79 KFT 11/15/79	G. Thompson 11/15/79
	APPROVAL CERTIFIED

$\frac{8\frac{5}{8}''}{174'}$
24*



REMEDIAL PROGNOSIS
CARSON UNIT 34-19
660' FSL AND 1980' FEL
SECTION 19, T25N, R11W, NMPM
BISTI FIELD
SAN JUAN COUNTY, NEW MEXICO



Pertinent Data:

Elev: 6454' KB
KB-GL: 9'
TD: 5000' PBD: 4995'

Completion date: 12-21-57

Current Status: Temporarily abandoned.

Proposed Work: Stimulate the GC sand member of the Gallup zone, install artificial lift equipment, and return well to production.

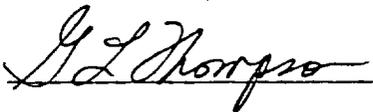
Procedure:

1. Install dead man anchors.
2. Move in rig.
3. Pull rods and pump. Visually inspect rods for defects. Lay down defective rods.
4. Lower tubing and tag bottom. Visually inspect and tally tubing while pulling. Lay down defective tubing.
5. If fill is above 4885', bail clean to 4885'.
6. If tubing pulled from well was defective, pick up string of 2-3/8" tested "white band" tubing with casing scraper on bottom and run to 4880'. If tubing pulled from well was not scaled or defective, test tubing while running scraper.
7. Check fill depth. If above 4885', bail clean to 4885'.
8. Pull tubing and scraper.
9. Run Model C retrievable bridge plug and Model R packer on tubing. Set bridge plug at 4875'. Set packer at 4860' and test bridge plug with 800 psi surface pressure. Flush injection lines and pump with water before hooking up to wellhead.

$\frac{4\frac{1}{2}''}{4996'}$
9.5*

10. Unseat packer and pull to 4840'. Pump P-121 solvent to packer and set packer. Stimulate well with 300 gals. Dowell P-121 solvent, followed by 1500 gals. 15% HCl and displace acid with 2% KCl water. Pump solvent at 1 BPM until 2 bbls. have covered perfs then slow rate to 1/2 BPM. When acid hits perfs, increase rate to 1 BPM and hold rate at 1 BPM until 8 bbls. of acid are in formation. After 8 bbls. of acid are information, decrease rate to 1/2 BPM and hold rate at 1/2 BPM until 15 additional bbls. are in formation. Increase rate to 1 BPM for remainder of acid and flush. Do not exceed 1400 psi surface pressure during treatment. Add 6 gals. Dowell U 42 Versene sequestering agent and 4 gals. Dowell A 200 inhibitor to acid.
11. Shut well in overnight.
12. Pull tubing, packer, and bridge plug.
13. Run 2-3/8" tubing with anchor 1 joint above shoe. Run rods as per attached "equipment specifications" sheet.
14. Repair electrical line to location. Install transformer and controller.
15. Tie flowline into gathering system.
16. Install 2 point suspension pads for Lufkin 144-170-54 pumping unit.
17. Install pumping unit.
18. Put well on production. Test well and report tests to Houston Operations Engineering.

Approved



Date

11-15-79

COC:JL

COC
11-23-79
JMR
verbal
10/30/79

