16.

Form approved. 4c1424.

| DEPARTMENT OF TH | | ND FG- | 5. LEASE DESIGNATION AND SERIAL NO. L. M. Phillips No. 1 |
|------------------|--------|--------|--|
| GEOLOGICAL S | SURVEY | | SF 078063 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | | | B. IF INDIAN, ALLOTTEE OR TRIBE NAME |

| (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.) | | |
|--|---|--|
| i. OIL GAS OTHER Water Injection | 7. UNIT AGREEMENT NAME Carson Unit | |
| 2. NAME OF OPERATOR Shell Oil Company | 8. FARM OR LEASE NAME | |
| P. O. Box 831. Houston, Texas 77001 | 9. WELL NO. 21-19 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | 10. FIELD AND POOL, OR WILDCAY Bisti | |
| 660' FNL & 1980' FWL of Sec. 19, | 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA | |
| T25N, R11W, N.M.P.M., San Juan Co., N. M. | 125N, R1W | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE | |
| 6429.2' K.B. | San Juan N. M. | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | | | |
|--|---|-----------------------|-----------------------|--|--|
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE BEPAIR WELL (Other) Temporarily | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS | X | FRACTURE TREATMENT AL | | |

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
- Reason for TA
- 4. Future plans
- 5. Approximate date of future operations

Shut-in 1969

Uneconomic operation

Reference letter of transmittal

Reference letter of transmittal



| 18. I hereby certify that the foregoing is true and correct | | / -/ / |
|---|------------------------------------|-------------|
| SIGNED Signer | TITLE Division Operations Engineer | re 10/20/19 |
| (This space for Federal or State office use) | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE DA | TE |