

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT  
(Other information  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

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"/>	<b>RECEIVED</b> MIDLAND DIVISION  <b>AUG 7 1964</b>  RMB  FILE	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <b>Shell Oil Company</b>		8. FARM OR LEASE NAME <b>Mary E. Wills-Federal</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 1810, Midland, Texas</b>		9. WELL NO. <b>7</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <b>At surface</b>  <b>660' FNL &amp; 1980' FWL of Sec. 33</b> <b>T-26-S R-37-E</b>		10. FIELD AND POOL, OR WILDCAT <b>Jalant</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2965 DF</b>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 33 T-26-S R-37-E</b>
		12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)\*

**Convert to water injection** ☒

5-20-64 Pulled 2" tbg.

5-30-64 Ran 2" plastic coated tbg. w/Baker Shorty Tension Packer set @ 3182.

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

SIGNED

*R. W. Kretzler*

TITLE

**R. W. Kretzler**

**District Exploitation Engr.**

DATE

**8-3-64**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*J. L. Gordon*

\*See Instructions on Reverse Side