

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
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Form approved.
Budget Bureau No. 42-R1424.

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 GAS WELL OTHER

2. NAME OF OPERATOR
Shell Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 1856, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
**2108.7' PNL & 734.3' FEL (SE/4 NE/4) Section 24,
T-8-S, R-32-E, NMPM Survey, Chaves County, New Mexico**

5. LEASE DESIGNATION AND SERIAL NO.
MM-0124985

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
James-Yehral

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Yehac-Pennsylvania

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
**Section 24, T-8-S,
R-32-E, NMPM**

12. COUNTY OR PARISH 13. STATE
Chaves New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4433' DE

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

- May 21, 1965 thru June 1, 1965.
1. Pulled rods, pump and tubing.
 2. Ran tubing with packer at 8885'.
 3. Treated with 6000 gallons 15% MCA.
 4. Pulled tubing and packer.
 5. Ran tubing to original setting.
 6. Ran rods and pump.
 7. Recovered load.
 8. In 24 hours pumped 72 BC + 16 BW.

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

SIGNED Original Signed By
C. R. Coffey C. R. Coffey TITLE Acting District DATE June 1, 1965
Exploitation Engineer

(This space for Federal or State office use)

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

