

N. M. O. C. C. Co.
UNITED STATES DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

1. SUBMIT IN TRIPPLICATE
 (Give instructions on reverse side)

Form approved
 Budget Bureau No. 42-R1424

3. LEASE DESIGNATION AND SERIAL NO.

NM - 0155254 - A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amco Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Cato (San Andres)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33, T8S, R30E, NMPM

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER **Injector**

2. NAME OF OPERATOR
 Shell Oil Company

3. ADDRESS OF OPERATOR
 P. O. Box 1509, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
 At surface

660 FWL and 1980 FNL, Sec. 33, T8S, R30E, NMPM Survey

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4142 DF

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

Convert to Injector

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.)*

1. Pull rods, pump and tubing.
2. Perforate with 1 JSPF at 3481, 3477, 3468.
3. Acidize with 1000 gal. 15% FENE.
4. Run 4 1/2" Baker PC Model AD-1 packer on 111 jts. 2 3/8" plastic coated tubing, set packer at 3500'.

RECEIVED

JUL - 21 1973

U. S. GEOLOGICAL SURVEY
 ARTESIA, NEW MEXICO

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

SIGNED

A. E. Cordray

A. E. Cordray,
 Staff Engineer

DATE 6-29-73

(This space for Federal or State office use)

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED
 JUL - 9 1973
 R. L. BEEKMAN
 DISTRICT ENGINEER