

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-K1424

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Mims No. 1</u> <u>ST 078067</u>	
2. NAME OF OPERATOR <u>Shell Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P. O. Box 831, Houston, Texas 77001</u>		7. UNIT AGREEMENT NAME <u>Carson Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FNL & 1977.7 FWL of Sec. 23,</u> <u>T25N, R12W, N.M.P.M., San Juan Co., N. M.</u>		8. FARM OR LEASE NAME <u>?</u>	
14. PERMIT NO.		9. WELL NO. <u>21-23</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6410.5' K.B.</u>		10. FIELD AND POOL, OR WILDCAT <u>Bisti</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>T25N, R12W</u>	
		12. COUNTY OR PARISH <u>San Juan</u>	13. STATE <u>N. M.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Temporary Abandon</u> <input checked="" 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.)*

Subject well temporarily abandoned and held pending conclusion of investigation regarding methods for additional recovery. Pertinent data given below:

- | | |
|--|---------------------------------|
| 1. Current status of well | Shut-in |
| 2. Date of last use | 1971 |
| 3. Reason for TA | Uneconomic operation |
| 4. Future plans | Reference letter of transmittal |
| 5. Approximate date of future operations | Reference letter of transmittal |



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

SIGNED G. J. Lane TITLE Division Operations Engineer DATE 10/25/74

(This space for Federal or State office use)

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