

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-k1424.

5. LEASE DESIGNATION AND SERIAL NO.

Mims No. 1
SF 078067

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

43-14

10. FIELD AND POOL, OR WILDCAT

Bisti

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

T25N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Shell Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 831, Houston, Texas 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL & 660' FEL of Sec. 14,
T25N, R12W, N.M.P.M., San Juan Co., N. M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6416' K.B.

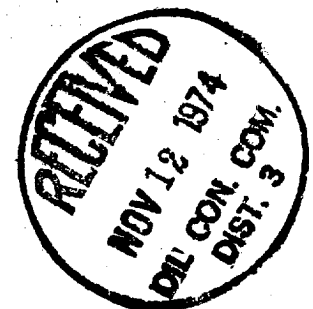
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|-----------------------------|-------------------------------------|---|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) Temporary Abandon | <input checked="" type="checkbox"/> |
| (Other) Temporarily Abandon | <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 | 1968 |
| 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

M. S. Kame

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: