

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other Water Injector

2. NAME OF OPERATOR
Shell Oil Company

3. ADDRESS OF OPERATOR P.O. Box 831, Houston, Tx 77001 6467 WCK *ATTN: C.O. Collins*

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1888' FWL Sec 18
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

Cancel

SUBSEQUENT REPORT OF

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PEA

RECEIVED
FEB 25 1983
U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

5. LEASE Phillips Pet. Co. No. 3

14-20-603-1285

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Hoska YeCa Wood Price

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

23-18

10. FIELD OR WILDCAT NAME

Bisti

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

Sec 18, T25N, R11W, NMPM

12. COUNTY OR PARISH | 13. STATE

San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6392.5' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Cancel previous notice to Plug and Abandon (Nov 78)

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OIL & GAS DIV. | DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. F. N. KELLDOFF TITLE Div. Prod Engr DATE 2/23/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AM

MAR 1983

*See Instructions on Reverse Side

JFK

NMOCC