

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

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. See space 17 below.)
AT SURFACE: 2080' FNL & 660' 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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
Phillips Pet. Co. No. 2 1420-603-1284
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.
12-18 Sec. 18
10. FIELD OR WILDCAT NAME
Bisti
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
T25N R11W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6377' 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.)*

SEE ATTACHED

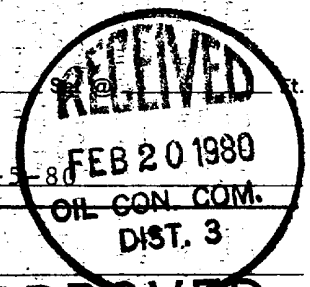
Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE DIV. PROD. ENG. DATE 2-5-80

(This space for Federal or State office use)

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



APPROVED

[Signature]

*See Instructions on Reverse Side

FEB 19 1980
[Signature]
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

AUTHORITY FOR EXPENDITURE

DEPT. PRODUCTION		BRANCH OFFICE ROCKY MT. DIVISION		ORIGINATING OFFICE HOUSTON		A.F.E. NO.	
LOCATION OF PROJECT CARSON UNIT BISTI FIELD SAN JUAN COUNTY, CA						APPROPRIATION NO.	
						DATE PREPARED 11/7/79	DATE REGISTERED
						EST.	COMPLETION
LOCATION NUMBER							
WORK ORDER NUMBER	TYPE	DESCRIPTION	100% COST	SHELL'S 100 % SHARE			
				BUDGET	NON-BUDGET	EXPENSE	TOTAL
		Stimulate C.U. 12-18 and install equipment to return to production.	\$14,000			\$14,000	\$14,000
		Purchase and install other surface and subsurface equipment to return well to production.	\$14,700	\$14,700			\$14,700
		Transfer Lufkin C144-170-54 pumping unit from the National lease in CA to C.U. 12-18.	\$ 3,080	\$ 3,080			\$ 3,080
		Requested by: C. O. Collins (Worksheet)					
SUB-TOTALS			\$31,780	\$17,780		\$14,000	\$31,780
BUDGET POSITION		AVAILABLE IN BUDGET		RETIREMENT EXPENSE (LESS SALVAGE)			
		NEW CAPITAL FUNDS REQUIRED BY BUDGET REVISION		TOTAL COST			
RETIREMENT DATA			JUSTIFICATION				
ORIGINAL COST			BUDGET CAPITAL EXPENDITURE				
LESS DEPRECIATION			MAINTENANCE, PLANT CHANGE & OTHER EXPENSE				
NET BOOK VALUE			RETIREMENT EXPENSE				
RETIREMENT EXPENSE			TOTAL — EXCLUDING TRANSFERRED ASSETS				
SALVAGE VALUE ()			ESTIMATED SAVINGS OR REVENUE				
BOOK (PROFIT) OR LOSS			ESTIMATED PAY-OUT PERIOD — EXCLUDING TRANSFERRED ASSETS				
DESCRIPTION OF PROJECT AND REASON FOR EXPENDITURE			ESTIMATED PAY-OUT PERIOD — INCLUDING TRANSFERRED ASSETS				
			EST'D. USEFUL LIFE		EST'D. TAX LIFE		EST'D. EARNING POWER
See attached justification							
RECOMMENDED			APPROVALS				
<i>CCC</i> 11-14-79 JMK Verbal 11/26/79			<i>GL Thomas</i> 12/6/79				
KFT			APPROVAL CERTIFIED				

8 5/8"
103'
24"

REMEDIAL PROGNOSIS
CARSON UNIT 12-18
2080' FNL & 660' FWL
SECTION 18, T25N, R11W, NMPM
SAN JUAN COUNTY, NEW MEXICO

PERTINENT DATA

Elev: 6377' KB
KB-GL: 9'
TD: 5020' PBD: 5015'

Completion date: 3-31-58

CURRENT STATUS: Temporarily abandoned.

PROPOSED WORK: Stimulate the upper GC and GD sand members of the Gallup zone, install artificial lift equipment and return to production.

PROCEDURE:

1. Install dead man anchors.
2. Move in rig.
3. Run sinker bar on sandline and tag bottom.
4. If fill is above 4940'+, bail clean to 4940'+.
5. Pick up string of 2 3/8" tested "white band" tubing with casing scraper on bottom and run to 4940'+.
6. Check fill depth, if above 4940'+, clean out to 4940'+.
7. Run Mod. C. retrievable bridge plug and Mod. R packer on tubing. Set bridge plug at 4935'. Set packer at 4925' and test bridge plug with 500 psi surface pressure. Flush injection lines and pump with water before hooking up to wellhead.
8. Unseat packer and pull to 4875'+. Pump Dowell P-121 solvent to packer and set packer. Stimulate well with 500 gals. Dowell P-121 solvent followed by 2500 gals. 15% HCL and displace acid with 2% KCL water. Pump solvent at 1 BPM until 4 bbls have covered perms then slow rate to 1/2 BPM. When acid hits perms increase rate to 1 BPM and hold rate at 1 BPM until 12 bbls of acid is in formation. After 12 bbls of acid is in formation decrease rate to 1/2 BPM and hold rate at 1/2 BPM until 25 additional bbls are in formation. Increase rate to 1 BPM for remainder of acid and flush. Do not exceed 1400 psi surface pressure during treatment. Add 8 gals. Dowell U 42 Veresene sequestering agent and 6 gals. Dowell A 200 inhibitor to acid.
9. Shut well in overnight.
10. Pull tubing, packer and bridge plug.
11. Run 2 3/8" tubing with anchor 1 joint above shoe. Run rods as per attached "equipment specifications" sheet.

4860'
4898'
4904'
4918'
4947'
4954'
4960'
4974'
4978'
4988'

4 1/2"
5018'
9.5"

12. Repair electrical line to location. Install transformer and controller.
13. Tie flowline into gathering system.
14. Install pumping unit.
15. Put well on production. Test well and report tests to Houston Production Engineering.

COC:HJ

Approved _____

COC
11-14-79

Date _____

JMR
verb21 11/26/79*9*

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
Hixon Development CompanyAddress
P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner
Shell Oil Company, Box 831, Houston, Texas 77001

DESCRIPTION OF WELL AND LEASE

Lease Name CARSON UNIT 18	Well No. 12-48	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Navajo	Lease No. 14-20-603-1284
Location Unit Letter E : 2080 Feet From The North Line and 660 Feet From The West				
Line of Section 18 Township 25N Range 11W NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Four Corners Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG CO.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13
	Twp. 25N	Rge. 12W
	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Aldrich L. Kuchera - Executive Vice President

12/8/82

OIL CONSERVATION DIVISION

APPROVED

DEC 14 1982

Original Signed by CHARLES GUNDELSON

BY

DEPUTY OIL & GAS INSPECTOR, DIST. #3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.