

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.
L. M. Phillips No. 1
SF 078063

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Shell Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 831, Houston, Texas 77001</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL of Sec. 19 T25N, R11W, N.M.P.M., San Juan, N. M.</p> <p>14. PERMIT NO.</p>	<p>7. UNIT AGREEMENT NAME Carson Unit</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 34-19</p> <p>10. FIELD AND POOL, OR WILDCAT Bisti</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T 25N, R 11W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE N. M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6454' K.B.</p>	

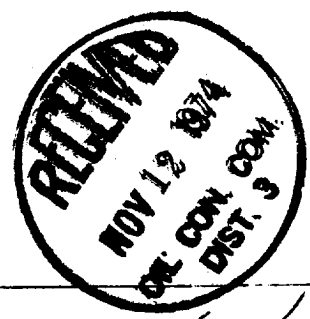
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

<p>NOTICE OF INTENTION TO:</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;"> <p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <u>Temporarily Abandon</u></p> </td> <td style="width:50%;"> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> </td> </tr> </table>	<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <u>Temporarily Abandon</u></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;"> <p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <u>Temporary Abandon</u></p> </td> <td style="width:50%;"> <p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> </td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <u>Temporary Abandon</u></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
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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 | 1972 |
| 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. J. Karne* 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: .