

UNITED STATES ^{NMOCG COPY}
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)copy to SF
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 fill a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		OCT 4 1977		5. LEASE DESIGNATION AND SERIAL NO. LC-029424	
2. NAME OF OPERATOR Shell Oil Company		O. C. C.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1509, Midland, Texas		ARTESIA, OFFICE		7. UNIT AGREEMENT NAME Henshaw Deep Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL and 1980 FWL, Section 24, T-16-S, R-30-E				8. FARM OR LEASE NAME Henshaw Deep Unit	
14. PERMIT NO. -		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3836 DF		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Henshaw Wolfcamp	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T16S, R30E	
				12. COUNTY OR PARISH Eddy	
				13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Plug back

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

We plan to P&A Henshaw Deep Wolfcamp zone and plug subject well back to a more shallow zone after testing.

Well will be non-unitized and will be renamed to Bright Federal No. 1.

Form 9-331-C will be filed when testing and recompletion complete.

RECEIVED

SEP 30 1977

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

G. W. Tullos

G. W. Tullos

TITLE Senior Production Engineer

DATE 9-27-77

(This space for Federal or State office use)

APPROVED BY

Lee J. Lara

TITLE

ACTING DISTRICT ENGINEER

DATE

OCT 3 - 1977

CONDITIONS OF APPROVAL, IF ANY:

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.

U.S. GOVERNMENT PRINTING OFFICE: 1967 O-685229

847-485

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

NOTICE OF INTENTION TO:
PUMP OR ALTER Casing
MULTIPLE CONTAINERS
APPLY GEL
CHANGE PLUGS
PICK UP BACK

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
PICK UP BACK

17. IN ORDER TO PROCEED WITH OPERATIONS, (Specify: Pump or alter casing, multiple containers, apply gel, change plugs, pick up back, test water shut-off, fracture treatment, shoot or acidize, or other operations.) Give approximate location and bearing and true vertical depth of well to be abandoned and give pertinent details and give pertinent details and true vertical depth of well to be abandoned.

16. Check appropriate box to indicate nature of Notice, Report, or Other Data.

15. ELEVATIONS (Show whether in ft. or m.).

14. PERMIT NO.

13. LOCATION OF WELL (Indicate location of well and its bearing and true vertical depth of well to be abandoned.)

12. NAME OF OPERATOR

11. NAME OF WELL

10. DATE OF NOTICE

9. DATE OF REPORT

8. DATE OF OTHER DATA

7. DATE OF NOTICE

6. DATE OF REPORT

5. DATE OF OTHER DATA

4. DATE OF NOTICE

3. DATE OF REPORT

2. DATE OF OTHER DATA

1. DATE OF NOTICE

U.S. GOVERNMENT PRINTING OFFICE: 1967 O-685229
847-485
WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
NOTICE OF INTENTION TO:
PUMP OR ALTER Casing
MULTIPLE CONTAINERS
APPLY GEL
CHANGE PLUGS
PICK UP BACK
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
PICK UP BACK
17. IN ORDER TO PROCEED WITH OPERATIONS, (Specify: Pump or alter casing, multiple containers, apply gel, change plugs, pick up back, test water shut-off, fracture treatment, shoot or acidize, or other operations.) Give approximate location and bearing and true vertical depth of well to be abandoned and give pertinent details and give pertinent details and true vertical depth of well to be abandoned.
16. Check appropriate box to indicate nature of Notice, Report, or Other Data.
15. ELEVATIONS (Show whether in ft. or m.).
14. PERMIT NO.
13. LOCATION OF WELL (Indicate location of well and its bearing and true vertical depth of well to be abandoned.)
12. NAME OF OPERATOR
11. NAME OF WELL
10. DATE OF NOTICE
9. DATE OF REPORT
8. DATE OF OTHER DATA
7. DATE OF NOTICE
6. DATE OF REPORT
5. DATE OF OTHER DATA
4. DATE OF NOTICE
3. DATE OF REPORT
2. DATE OF OTHER DATA
1. DATE OF NOTICE

U.S. GOVERNMENT PRINTING OFFICE: 1967 O-685229
847-485
WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
NOTICE OF INTENTION TO:
PUMP OR ALTER Casing
MULTIPLE CONTAINERS
APPLY GEL
CHANGE PLUGS
PICK UP BACK
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
PICK UP BACK
17. IN ORDER TO PROCEED WITH OPERATIONS, (Specify: Pump or alter casing, multiple containers, apply gel, change plugs, pick up back, test water shut-off, fracture treatment, shoot or acidize, or other operations.) Give approximate location and bearing and true vertical depth of well to be abandoned and give pertinent details and give pertinent details and true vertical depth of well to be abandoned.
16. Check appropriate box to indicate nature of Notice, Report, or Other Data.
15. ELEVATIONS (Show whether in ft. or m.).
14. PERMIT NO.
13. LOCATION OF WELL (Indicate location of well and its bearing and true vertical depth of well to be abandoned.)
12. NAME OF OPERATOR
11. NAME OF WELL
10. DATE OF NOTICE
9. DATE OF REPORT
8. DATE OF OTHER DATA
7. DATE OF NOTICE
6. DATE OF REPORT
5. DATE OF OTHER DATA
4. DATE OF NOTICE
3. DATE OF REPORT
2. DATE OF OTHER DATA
1. DATE OF NOTICE