

UN I T E D STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. & C. C. COPY
SUBMIT IN TRIP (TE)
(Other instructions a re-
verse 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 a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0-10567	
2. NAME OF OPERATOR Shell Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1509, Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 3193' FNL and 660' FEL, Section 6, T21S, R24E		8. FARM OR LEASE NAME Federal 6	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3734 DF		10. FIELD AND POOL, OR WILDCAT Cemetery Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 6, T21S, R24E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Run casing</u>	<input checked="" type="checkbox"/>
(Other) <input 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.) *

Reached TD 9869' 11-5-76.

Ran 242 joints 14#, 15.5#, 17# 5 1/2" casing and cemented at 9869' with 900 sacks Class H cement, 5/10 of 1% KCl/sack + 6/10 of 1% CFR-2 + 6/10 of 1% Halad 22-A. Plug down at 2:40 p.m., 11-7-76.

On 11-17-76 tested casing to 3000 psi for 30 minutes, no pressure drop.

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

SIGNED <u>J. D. D'Agostino</u>	TITLE <u>Senior Drilling Engineer</u>	DATE <u>12-28-76</u>
(This space for Federal or State office use)		
APPROVED BY <u>Joe D. Lara</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>DEC 29 1976</u>
CONDITIONS OF APPROVAL, IF ANY:		