

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injector		7. UNIT AGREEMENT NAME Carson Unit	
2. NAME OF OPERATOR Shell Oil Company		8. FARM OR LEASE NAME -	
3. ADDRESS OF OPERATOR P. O. Box 831, Houston, Texas 77001		9. WELL NO. 22-19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL of Sec. 19, T25N, R11W, N.M.P.M., San Juan Co., N. M.		10. FIELD AND POOL, OR WILDCAT Bisti	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T25N, R11W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6448.9' K.B.		12. COUNTY OR PARISH San Juan	
		13. STATE N. M.	

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) Temporary Abandon <input checked="" type="checkbox"/>	

(Other) Temporarily Abandon ☒

(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.)*

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	1970
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 G. J. Korne 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: