

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. 7  
NM 070322

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
2. NAME OF OPERATOR		Carson Unit
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
P. O. Box 831, Houston, Texas 77001		9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		14-15
660' FSL & 660' FWL of Sec. 15		10. FIELD AND POOL, OR WILDCAT
T25N, R12W, N.M.P.M., San Juan Co., N. M.		Bisti
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		T25N, R12W
6253' D.F.		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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Temporarily Abandon ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Temporary Abandon ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

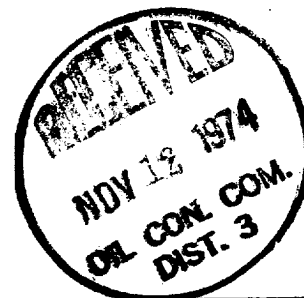
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Subject well temporarily abandoned and held pending conclusion of investigation regarding methods for additional recovery. Pertinent data given below:

1. Current status of well
2. Date of last use
3. Reason for TA
4. Future plans
5. Approximate date of future operations

Shut-in  
1966  
Uneconomic operation  
Reference letter of transmittal  
Reference letter of transmittal



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

SIGNED

*G. J. Lane*

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:

\*See Instructions on Reverse Side