

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Mims No. 1

SF 078067

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

3-14

Water well

10. FIELD AND POOL, OR WILDCAT

Bisti

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 14, T25N,

R12W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Fresh Water Source

2. NAME OF OPERATOR

Shell Oil Company

3. ADDRESS OF OPERATOR

1700 Broadway, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2553' FNL & 2325' FEL of Sec. 14, T25N,

R12W, NMPM, San Juan Co., N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

6411' K.B.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☒  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

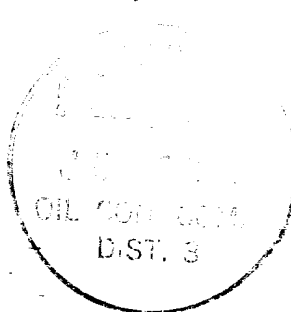
ALTERING CASING

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.)\*

See attached abandonment prognosis



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

SIGNED

*R. Plautz*

TITLE Division Operations Engr.

DATE

JUN 29 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

CC: NMOCC

\*See Instructions on Reverse Side

10 3/4"  
67'  
40.5#

Plug and Abandonment  
Carson Unit 3-14 WS  
Section 14, T 25N, R 12W  
San Juan County, New Mexico

Pertinent Data

TD: 3845' PBD: 3844'

10 3/4" Csg. @ 67'

7" Csg. @ 3844' w/ 225 sax.

9" Hole

Elevation: 6411' KB

KB - GL = 9'

Permanent Datum = KB

Past and current status: Presently T.A'd  
Initially pumped 4000 bbls.

Proposed Work: Plug and Abandon

1. Pull equipment. If tubing is openended, lower to PBD, load hole with mud. (Add 20 sax aquagel + 1 sack Benes per 100 bbls of mud or 20 sax salt gel per 100 bbls mud).
2. Spot 240 sax Class "G" cement mixed w/1# flocele/sack over perforations and above perforations. Minimum requirements - 100' cement plug above perforations. W.C.C. 12 hrs
3. Pull tubing.
4. Rig up casing pullers. Determine casing free point.
5. Attempt to shoot and pull casing at free point (theoretical cement top at 2340'). Top of Mancos Shale       . Do not spend more than 3 hrs. on attempt to pull casing. If unable to pull any casing, go to step 8.
6. If casing is recoverable, place cement plugs by cementing through casing or running tubing inside of csg. as it is pulled. Spot Class "G" cement plugs as follows:
  - a. 150' plug across stub of 7" casing. (50' in casing, 100' in open hole)
  - b. 200' plug from top of Fruitland Coal at 1185' to 1385'.
  - c. 150' plug across base of Ojo Alamo sand at 280'. (100' below base of sand and 50' above base of sand).
  - d. 100' plug across shoe of 8-5/8" casing (30' in casing, 70' in open hole).
  - e. 10 sack plug at surface.

2724'  
3214'  
3279'  
3558'  
3684'  
3695'  
4125'  
3775'  
3781'  
3792'

9"  
3844'  
23"

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Giant Exploration & Production Company	Well API No. 30-045-05391
Address P.O. Box 2810, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective July 1, 1990
If change of operator give name and address of previous operator Hixon Development Company, P.O. Box 2810, Farmington, N.M. 87499	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <del>Carson Unit</del> <i>water well</i>	Well No. 3- <del>14</del>	Pool Name, including Formation <del>Bisti</del> Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078067
Location Unit Letter <u>G</u> : <u>2553</u> Feet From The <u>North</u> Line and <u>2325</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>25N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	UCB - MCF

RECEIVED  
APR 05 1991

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. DIV.  
DIST. 3

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Aldrich L. Kuchera*  
Signature  
Aldrich L. Kuchera President  
Printed Name  
APR 04 1991 (505) 326-3325  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 05 1991  
By *[Signature]*  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.