| Form 9-331<br>(May 1963)   | DEPAR'                                 | UNITED STATI<br>TMENT OF THE  |  | SUBMIT IN TRIPLICAT<br>(Other instructions on<br>verse side) |  | -K1424.<br>AL NO. |
|--|--|---|--|--|--|-------------------|
| GEOLOGICAL SURVEY  |  |   |  |  | SF 078067  |                   |
|  |  | OTICES AND REP<br>posals to drill or to deep<br>ICATION FOR PERMIT— |  |  | 6. IF INDIAN, ALLOTTEE OR TRIB   | E NAME            |
| 1.<br>OIL [文] G  | AS 🗇                                   |   |  | <del></del>  | 7. UNIT AGREEMENT NAME   |                   |
| WELL A   | TELL OTHER                             | Carson Unit   | <del></del>                            |  |  |                   |
| Shell Oi   | 1 Company                              |   |  |  | -  |                   |
| 3. ADDEESS OF OP   |  |   |  |  | 9. WELL NO.  |                   |
| P. O. Bo   | x 831, Hous                            | 12-14   |  |  |  |                   |
| 4. LOCATION OF W. See also space At surface  | ELL (Report location 17 below.)        | 10. FIELD AND POOL, OR WILDCA<br>Bisti                              | r<br>                                  |  |  |                   |
|  | L & 612.7' I                           | 11. SEC., T., B., M., OR BLK. AND<br>SURVEY OR AREA                 |  |  |  |                   |
| T25N, R1   | 2W, N.M.P.M.                           | ., San Ju <b>a</b> n Co.  | , N. M.                                |  | MOEN PROM  |                   |
| 14. PERMIT NO.   |  | CR. etc.)   | 125 N , R1 2 W                         | TE   |  |                   |
| 14. FEBRII NO.   |  | 15. ELEVATIONS (Sho   |  |  | San Juan N. 1  |                   |
| 16.  | Check                                  | Appropriate Box To  | Indicate Natur                         | e of Notice, Report, o                                       | r Other Data   |                   |
|  | NOTICE OF INTENTION TO: SUBSEQU        |   |  |  |  |                   |
| TEST WATER S   | SHUT-OFF                               | PULL OR ALTER CASING  |  | WATER SHUT-OFF   | REPAIRING WELL   |                   |
| FRACTURE TRE   | AT                                     | MULTIPLE COMPLETE   |  | PRACTURE TREATMENT   | ALTERING CASING  |                   |
| SHOOT OR ACH   | DIZE                                   | ABANDON*  |  | SHOOTING OR ACIDIZING  | ABANDONMENT*   |                   |
| REPAIR WELL  | REPAIR WELL   CHANGE PLANS     (Utner) |   |  |  | ary Abandon ults of multiple completion on Well                                | X                 |
|  | emporarily .                           |   | X I                                    | Completion or Reco   | mpletion Report and Log form.)   |                   |
| 17. DESCRIBE PROPORTION OF THE | rk. If well is dire                    | OPERATIONS (Clearly state<br>etionally drilled, give sub            | all pertinent det<br>surface locations | ails, and give pertinent da<br>and measured and true ve      | tes, including estimated date of star<br>rtical depths for all markers and zon | es perti-         |
| Subject w  | ell tempora                            | rily abandoned  | and held p                             | ending conclusion  | on of investigation  |                   |
| regårding  | , methods fo                           | r additional re   | covery. P                              | ertinent data gi   | iven below:  |                   |
| 1.   | Current sta                            | tus of well   |  | Shut-in  |  |                   |
|  | Date of las                            |   |  | 1966   |  |                   |
|  | Reason for                             | •   |  | Uneconomic   | operation  |                   |
| 4. Future plans  |  |   |  | Reference letter of transmittal                              |  |                   |
| 5.   | Approximate                            | date of future  | operation                              | s Reference  | letter of transmittal  |                   |
|  |  |   | •                                      |  |  |                   |
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|  |  |   |  |  | The Market   | >/                |

| 18. I hereby certify that the foregoing is true and correct SIGNED | TITLE Division Operations Engineer | 10/25/24 |
|--|------------------------------------|----------|
| (This space for Federal or State office use)                       |                                    |          |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:                         | TITLE DATE                         |          |

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