SUNDRY NOTICES AND REPORTS ON WELLS IDEA NOT USE THE FORM OF PROPERTY OF THE	Form 9–331 (May 1963)	DEPAR	UNITED STAT TMENT OF THE GEOLOGICAL SL	INTERIO	SUBMIT IN TRIPLICAT (Other instructions on verse side)	re- 5. LEASE D	udget Bureau ESIGNATION AN No. 1 SF	No. 42-R1424. D SERIAL NO. 078067	
Office Section 14 2. Name of operators Shell Oli Company 3. Address of operator 1700 Broadway, Denver, Colorado 80290 4. Locatino no well, (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 4. Locatino no well, (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 1980 FIL & 1980 FEL Section 14 1980 FIL & 1980 FEL Section 14 10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PELL ON ALTER CASING PRACTICE REPARRIES AND ABANDONMENT? SHOOTING OF INTENTION TO: TEST WATER SHUT-OFF PELL ON ALTER CASING RECOVERED AND ABANDONMENT? SHOOTING OF ACIDIZE ANABODS* REPARRIES COMPLETE COMPLETE SHOOTING OF ACIDIZE ANABODS* REPARRIES COMPLETE COMPLETE SHOOTING OF CONFLETE OF SATIONS Clearly state all pertinent details, and appropriate grant and complete on the Complete Performance of Starting a proposed on Conflete Office Starting a proposed on Conflete	SU (Do not use th	NDRY NO	OTICES AND REI	PORTS O	N WELLS ek to a different reservoir. posals.)	6. IF INDIA	N, ALLOTTEE O	R TRIBE NAME	
Shell Oil Company 3. Address or Offentor 1700 Broadway, Denver, Colorado 80290 4. Locativos or Well, (Report location clearly and in accordance with any State requirements.* 10. Fill Denvisor well, (Report location clearly and in accordance with any State requirements.* 1980 FNL & 1980 FEL Section 14 14. Permit No. 15. ELEVATIONS (Show whether Dr. RT. GR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FULL OR ALTER CASING MATERS SHUT-OFF FRACTURE TREAT MILITEDE COMPLETE ARANDOS SHOOTHER TREATED ARANDOS REPORT REPORT OF: WATER SHUT-OFF FRACTURE TREAT MILITEDE COMPLETE ARANDOS SHOOTHER TREATMENT ALTERNISC GAING ARANDOS REPORT REPORT OR COMPLETE CHANGE PLANS (Other) (Other) (Other) (Other) (Other) (Other) (Denviser results of multiple completion on Well Completion of Recompletion Report and Log form.) (Other)	OIL GAS WELL OTHER						Carson Unit		
4. DOCATION OF WELL, (Report location clearly and in accordance with any State requirements.* At surface 1980' FNL & 1980' FEL Section 14 10. SERVATOR AREA Section 14-T25N-R12W 11. SERVATORS (Show whether DF, RT, GR, etc.) 6403 KB 10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTEXTION TO: TEST WATER SHUT-OFF FRACTURE TREATMENT SHOOT OR ACDIZE ABANDON' SHORT TREPORT OF: WATER SHUT-OFF FRACTURE TREATMENT SHOOT OR ACDIZE (Other) (Other) 17. DESCRIPTION OF CHARTONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per next to this work.) WILL SEND FINAL SUNDRY WHEN LOCATION	Shell Oil Company						Unit		
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 WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE ABANDON* (Other) SHOOTING OR ACIDIZE ABANDON* (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Other) (Ot	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						Bisti 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING SHOOT OR ACIDIZE SHOOT OR ACIDIZE ARANDON* CHANGE PLANS (Other) (Other)	14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)						12. COUNTY OR PARISH 13. STATE		
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING MOTE: Report results of multiple completion on Well (Other) (Other) ONTE: 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 a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per nent to this work.)* See attachment WILL SEND FINAL SUNDRY WHEN LOCATION			6403	KB		San J	uan	N.M.	
TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE ABANDON* CHANGE PLANS (Other) 17. DESCRIBE PROPOSED OR COMPLETED OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per nent to this work.) See attachment WILL SEND FINAL SUNDRY WHEN LOCATION	16.	Check	Appropriate Box To	Indicate Na	ture of Notice, Report, o	r Other Data			
	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED proposed work.	OR COMPLETED If well is dir	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS OPERATIONS (Clearly state ectionally drilled, give suited)	e all pertinent bsurface locatio	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report rest Completion or Reco details, and give pertinent da ns and measured and true ver	ults of multiple	REPAIRING WEI ALTERING CASI ABANDONMENT ⁴ completion on and Log form.	Well	
18. I hereby certiff that the typegoing is true and correct	CLEANED AND	READY FOR	INSPECTION	1					

cc: NMO&GCC

(This space for Federal or State office use)

APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY: