

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other2. NAME OF OPERATOR  
SHELL OIL COMPANY3. ADDRESS OF OPERATOR  
P.O. Box 831 Houston, Texas 770014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL & 1980' FEL Sec. 14  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other)

## SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE

SF 07 8067

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

31-14

10. FIELD OR WILDCAT NAME

Bisti

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

T25N R12W Sec. 14

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6403.5' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

Subsurface Safety Valve: Manu. and Type

Set ☐ Ft.

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

SIGNED

*[Signature]*

TITLE DIV. PROD. ENG.

DATE 2-4-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Stamp]



\*See Instructions on Reverse Side

*[Handwritten mark]*FEB 19 1980  
*[Signature]*  
JAMES F. SIMS  
DISTRICT OIL & GAS SUPERVISOR

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

AUTHORITY FOR EXPENDITURE

DEPT. <b>PRODUCTION</b>	BRANCH OFFICE <b>ROCKY MT. DIVISION</b>	ORIGINATING OFFICE <b>HOUSTON</b>	A.F.E. NO.	
LOCATION OF PROJECT  <b>CARSON UNIT BISTI FIELD SAN JUAN COUNTY, NM</b>			APPROPRIATION NO.	
			DATE PREPARED <b>11/7/79</b>	DATE REGISTERED
			EST.	COMPLETION

WORK ORDER NUMBER	TYPE	DESCRIPTION	100% COST	SHELL'S 100 % SHARE			TOTAL
				BUDGET	NON-BUDGET	EXPENSE	
		Stimulate C.U. 31-14 with solvent and acid to improve productivity.					
		Rig cost	\$ 5,500			\$ 5,500	\$ 5,500
		Acid and Service	2,500			2,500	2,500
		Tools	2,000			2,000	2,000
		Miscellaneous	500			500	500
		Model B-2 tubing anchor	\$ 950	\$ 950			\$ 950
		Requested by: C. O. Collins					
		(Worksheet)					
		<b>SUB-TOTALS</b>	<b>\$11,450</b>	<b>\$ 950</b>		<b>\$10,500</b>	<b>\$11,450</b>

BUDGET POSITION	AVAILABLE IN BUDGET	RETIREMENT EXPENSE (LESS SALVAGE)	TOTAL COST
	NEW CAPITAL FUNDS REQUIRED BY BUDGET REVISION		

RETIREMENT DATA		JUSTIFICATION	
ORIGINAL COST		BUDGET CAPITAL EXPENDITURE	
LESS DEPRECIATION		MAINTENANCE, PLANT CHANGE & OTHER EXPENSE	
NET BOOK VALUE		RETIREMENT EXPENSE	
RETIREMENT EXPENSE		TOTAL — EXCLUDING TRANSFERRED ASSETS	
SALVAGE VALUE	( )	ESTIMATED SAVINGS OR REVENUE	
BOOK (PROFIT) OR LOSS		ESTIMATED PAY-OUT PERIOD — EXCLUDING TRANSFERRED ASSETS	
DESCRIPTION OF PROJECT AND REASON FOR EXPENDITURE		ESTIMATED PAY-OUT PERIOD — INCLUDING TRANSFERRED ASSETS	
		EST'D. USEFUL LIFE	EST'D. TAX LIFE
		EST'D. EARNING POWER	

See attached justification

RECOMMENDED	APPROVALS
<p><i>COC 11/26/79</i>  <i>JMR KFT</i>  <i>verbal OK 11/28/79</i></p>	<p><i>John 12/6/79</i></p>
	APPROVAL CERTIFIED

8-5/8"  
108'

24#

STIMULATION PROGNOSIS  
CARSON UNIT 31-14  
SECTION 14, T25N, R12W, NMPM  
BISTI FIELD  
SAN JUAN COUNTY, NEW MEXICO

PERTINENT DATA:

Elev: 6403.5' KB  
KB-GL: 9'  
TD: 5035' PBD: 5030'

Completion date: 6-1-59

CURRENT STATUS: Producing 2 BDO + 8 BDW

PROPOSED WORK: Stimulate the GC sand member of the Gallup producing zone to improve productivity.

PROCEDURE:

1. Move in rig. Pressure pump with 500 psi for indication of any leaks.
2. Pull rods and pump. Visually inspect rods for defects. Lay down defective rods.
3. Lower tubing and tag bottom. Visually inspect and tally tubing while pulling. Lay down defective tubing.
4. If fill is above 4950'<sup>±</sup>, bail clean to 4950'<sup>±</sup>.
5. Run casing scraper on tubing to 4950'<sup>±</sup>. Test tubing if necessary.
6. Check fill depth. If above 4950'<sup>±</sup>, clean out to 4950'<sup>±</sup>.
7. Run Mod C retrievable bridge plug and Mod R packer on tubing. Set bridge plug at 4910'.
8. Raise packer to 4880'<sup>±</sup>. Flush injection lines and pump before hooking up to wellhead. Pump P-121 solvent to packer and set packer. Stimulate well with 350 gals. Dowell P-121 solvent, followed by 1500 gals. 15% HCl and displace acid with 2% KCL water. Pump solvent at 1/2 BPM. When acid hits perfs increase rate to 1 BPM until 5 bbls. of acid are in formation then decrease rate to 1/2 BPM for remainder of treatment. Do not exceed 1400 psi surface pressure. Add 6 gals. Dowell U 42 Veresene sequestering agent and 4 gals. Dowell A 200 inhibitor to acid.

4888'  
4903'  
4916'  
4932'  
4965'  
4978'  
4982'  
4998'  
5008'  
5012'

4-1/2"  
5035'

9.5#

9. Shut well in overnight.
10. Pull tubing, packer and bridge plug.
11. Run 2-3/8" tubing with anchor 1 joint above shoe. Run rods as per attached "equipment specifications" sheet.
12. Put well on production. Test well and report tests to Houston Production Engineering.

COC

COC

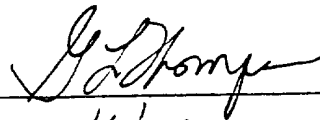
11/26/79

JMR OK

verbal  
11/28/79

C/ 12/6/79

Approved



Date

12/6/79

OIL CONSERVATION DIVISION  
P.O. BOX 7088  
SANTA FE, NEW MEXICO 87501

NO. OF ENGINE DESIGNS	
EIGHT MACHINES RUN	
SANTA FE	
FILL	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	GIL
OPERATOR	GAB
EXHAUSTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

Address P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)		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 Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Shell Oil Company, Box 831, Houston, Texas 77001

## II. DESCRIPTION OF WELL AND LEASE.

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	CARSON UNIT	31- <del>10</del>	Bisti Lower Gallup	State, Federal or Fee Federal	SF078067
Location					
Unit Letter	B	:	660	Feet From The North Line and	1980 Feet From The East
Line of Section	14	Township	25N	Range	12W, NMPM, San Juan County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Box 1588, Farmington, New Mexico 87499	
Four Corners Pipeline						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
EPNG Co.						
If well produces oil or liquids, give location of tanks.	Unit.	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P.	13	25N	12W		

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

#### V. COMPLETION DATA

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

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 Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

## GAS WELL

GAS WELL		COM. 3	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

### 7. 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 - Executive Vice President  
(Title)

12/8/82

(Date)

**OIL CONSERVATION DIVISION**

APPROVED \_\_\_\_\_, 19

BY Original Signed by CHARLES GHOLSON

**TITLE**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner  
well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.