

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-41424.

5. LEASE DESIGNATION AND SERIAL NO.

E. W. Mudge No. 3
SF 078064

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.)

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

13-12

10. FIELD AND POOL, OR WILDCAT

Bisti

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

T25N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan

N. M.

1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

2. NAME OF OPERATOR

Shell Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 831, Houston, Texas 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface1980' FSL & 660' FWL of Sec. 12,
T25N, R12W, N.M.P.M., San Juan Co., N. M.

14. PERMIT NO.

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

6369.8' K.B.

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 ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Temporary Abandon

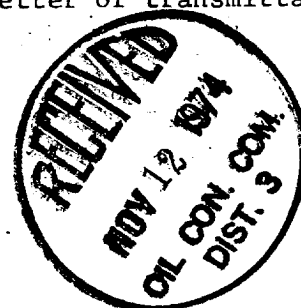
REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

X

(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 perti-
nent 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
1967
Uneconomic operation
Reference letter of transmittal
Reference letter of transmittal



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

SIGNED

M. J. Karna

TITLE

Division Operations Engineer

DATE

10/25/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE