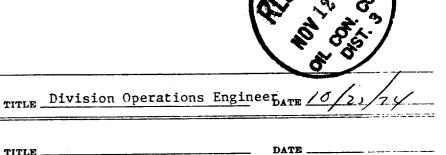
Form 9-331 (May 1963)		UNITED STATES SUBMIT IN TRIPLICATE®			Form approved. Budget Bureau No. 42 k1424.	
•		ENT OF THE INTER EOLOGICAL SURVEY	L. M. Phillips No. 1			
	SF 078063 6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
SU	,					
(Do not use t						
i.	7. UNIT AGREEMENT NAME					
OIL GAS WELL OTHER				Carson Unit		
2. NAME OF OPERATOR				C. FARR OR LEAGUE NAME		
Shell Oil Company 3. ADDRESS OF OPERATOR				9. WELL NO.		
				32-19		
P. O. Box 831, Houston, Texas 77001  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface				Bisti		
1980' FNL 1980' FEL of Sec. 19,				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
T25N, R11W, N.M.P.M., San Juan Co., N. M.				125 <sub>N, R</sub> 11 <sub>W</sub>		
14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OR PARISH 13. STATE		
14. PERMIT NO.		6452' K.B.		San Juan	' N. M.	
					3	
16.	Check Ap	propriate Box to Indicate I		4		
NOTICE OF INTENTION TO:				MNT REPORT OF:	<u> </u>	
TEST WATER SH	TT-OFF P	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W		
FRACTURE TREAT	z	ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	11	
SHOOT OR ACIDIZ	<del></del>	BANDON*	shooting on Acidizing Temporar	y Abandon	X	
EEPAIR WELL CHANGE PLANS (Other) — (Other) — (Non-			(Nors: Report results	OTE: Report results of multiple completion on Well mpletion or Recompletion Report and Log form.)		
		(Classia state all partino	nt details and give partinent deter	including estimated data	e of startiug any	
proposed work nent to this wo	. If well is direction	nally drilled, give subsurface loc	ations and measured and true vertica	i depths for all markers	and zones perti	
Subject we	ll temporari	ly abandoned and he	ld pending conclusion	of investigati	on	
regarding :	methods for	additional recovery	. Pertinent data give	n below:	See.	
			<b>a.</b>		••	
	urrent statu		Shut-in	3, <del>3</del> ,		
	ate of last	nse	1970 Uneconomic o	operation		
				tter of transm	ittal	
				tter of transm		
j., n	pproximace d	· ·		•		
•						
			•		• •	
				CO		
					. 1	



TITLE

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

(This space for Federal or State office use)

SIGNED .