

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Mudge #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 complete a well in a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Salt Water Disposal		7. UNIT AGREEMENT NAME Carson Unit	
2. NAME OF OPERATOR Shell Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 1700 Broadway, Denver, Colorado 80290		9. WELL NO. 24-1 SWD	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 454' FNL & 2074' FEL Section 24		10. FIELD AND POOL, OR WILDCAT Bisti	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6435' KB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 24-T25N-R12W NMPM	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 pertinent to this work.) *

See attachment

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

SIGNED

E. P. Plaudy

TITLE

Div. Oper. Engr.

DATE

MAY 19 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

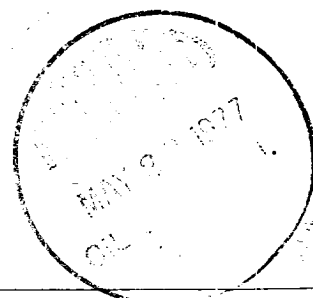
DATE

CONDITIONS OF APPROVAL, IF ANY:

cc: New Mexico O&GCC w/attachment

del

*See Instructions on Reverse Side



48# 13-3/8"
70'

STIMULATION PROGNOSIS
CARSON UNIT 24-1 SWD
454' FNL & 2074' FEL
SECTION 24, T25N, R12W, NMPM
BISTT FIELD
SAN JUAN COUNTY, NEW MEXICO

Pertinent Data:

Elevation: 6435' KB

KB-GL: 9'

TD: 3825'

Current Status: Injection 550 BD @ 600 psi.

Proposed Work: Stimulate well to improve injectivity.

Procedure:

1. Shut down injection pump and let pressure decrease to zero. Move in rig.
2. Pull tubing and Model AD-1 packer set @ 2519'. Visually inspect tubing while pulling. (If tubing I.D. indicates potential problems w/ future testing, then lay down tubing).
3. Run casing scraper on replacement tubing to 2725'±.
4. Pull tubing and scraper.
5. Run tubing with Model AD-1 packer (redressed or new) to 2700'±. Hydro-test tubing while going in hole.
6. Spot 600 gals Dowell P-121 solvent to packer and set packer. Follow solvent with 2500 gals 15% HCl and displace acid with produced water. Treat at 1500 psi maximum surface pressure. Add inhibitor and sequestering agents to acid as required.
7. S.I. well overnight.
8. Return well to injection. Report injection rates and pressures to Houston Operations Engineering.

L.T. @
2781'

32# 8-5/8"
2835'

48 - 2" X .05 slots/ft.

18.9#
&
20# 6-5/8"
3815'

COC

110

110

Approved: _____

Date: _____