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       gas well         well       other         2. NAME OF OPERATOR         Shell Oil Company         3. ADDRESS OF OPERATOR         P.O. Box 1509, Midland, Texas 79702         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)         AT SURFACE:       660' FSL and 660' FWL AT TOP PROD. INTERVAL: Same         AT OP PROD. INTERVAL:       Same         AT TOTAL DEPTH:       Same         Same       1         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF	5. LEASE NM 022636 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Hodge Federal 9. WELL NO. 2 0. FIELD OR WILDCAT NAME Cato (San Andres) 1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-8-S, R-30-E 2. COUNTY OR PARISH 13. STATE Chaves New Mexico 4. API NO. NA 5. ELEVATIONS (SHOW DF, KDB, AND WD) 4175' DF 4. ADD SUBJECT OF SUB
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       gas well         well       other         2. NAME OF OPERATOR         Shell Oil Company         3. ADDRESS OF OPERATOR         P.O. Box 1509, Midland, Texas 79702         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)         AT SURFACE:       660' FSL and 660' FWL AT TOP PROD. INTERVAL:         AT OP PROD. INTERVAL:       Same         AT TOTAL DEPTH:       Same         SHOOT OR ACIDIZE       Subsequent Report OF:         TEST WATER SHUT-OFF       Subsequent Report OF:         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       Subsequent Report OF:         REPAIR WELL       DUN         PULL OR ALTER CASING       DUN         MULTIPLE COMPLETE       DUN         ABANDON*       DUN         X       DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly State B including estimated date of starting any proposed work. If well is direc measured and true vertical depths for all markers and zones pertinent to	<ul> <li>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</li> <li>7. UNIT AGREEMENT NAME</li> <li>8. FARM OR LEASE NAME Hodge Federal</li> <li>9. WELL NO.</li> <li>2</li> <li>0. FIELD OR WILDCAT NAME Cato (San Andres)</li> <li>1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-8-S, R-30-E</li> <li>2. COUNTY OR PARISH 13. STATE Chaves New Mexico</li> <li>4. API NO. NA</li> <li>5. ELEVATIONS (SHOW DF, KDB, AND WD) 4175' DF</li> </ul>
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       gas well         well       other         2. NAME OF OPERATOR       1         3. ADDRESS OF OPERATOR       1         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       1         AT SURFACE:       660' FSL and 660' FWL AT TOP PROD. INTERVAL: Same         AT TOTAL DEPTH:       Same         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF	<ul> <li>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</li> <li>7. UNIT AGREEMENT NAME</li> <li>8. FARM OR LEASE NAME Hodge Federal</li> <li>9. WELL NO.</li> <li>2</li> <li>0. FIELD OR WILDCAT NAME Cato (San Andres)</li> <li>1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-8-S, R-30-E</li> <li>2. COUNTY OR PARISH 13. STATE Chaves New Mexico</li> <li>4. API NO. NA</li> <li>5. ELEVATIONS (SHOW DF, KDB, AND WD) 4175' DF</li> </ul>
SUNUKT 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 well other         2. NAME OF OPERATOR         Shell Oil Company         3. ADDRESS OF OPERATOR         P.O. Box 1509, Midland, Texas 79702         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)         AT SURFACE: 660' FSL and 660' FWL         AT TOP PROD. INTERVAL: Same         AT TOTAL DEPTH:         Same         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF	<ul> <li>8. FARM OR LEASE NAME Hodge Federal</li> <li>9. WELL NO. 2</li> <li>0. FIELD OR WILDCAT NAME Cato (San Andres)</li> <li>1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-8-S, R-30-E</li> <li>2. COUNTY OR PARISH 13. STATE Chaves New Mexico</li> <li>4. API NO. NA</li> <li>5. ELEVATIONS (SHOW DF, KDB, AND WD) 4175' DF</li> </ul>
1. oil       gas well       other         2. NAME OF OPERATOR       1         3. ADDRESS OF OPERATOR       1         9. 0. Box 1509, Midland, Texas 79702       1         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       1         AT SURFACE:       660' FSL and 660' FWL AT TOP PROD. INTERVAL:       1         AT TOTAL DEPTH:       Same       1         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       1         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       1         PULL OR ALTER CASING       1         MULTIPLE COMPLETE       1         UL OR ALTER CASING       1         MULTIPLE COMPLETE       1         UL OR ALTER CASING       1         JUN       ABANDON*         Y       1         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly State a including estimated date of starting any proposed work. If well is direct measured and true vertical depths for all markers and zones pertinent to	Hodge Federal 9. WELL NO. 2 0. FIELD OR WILDCAT NAME Cato (San Andres) 1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-8-S, R-30-E 2. COUNTY OR PARISH 13. STATE Chaves New Mexico 4. API NO. NA 5. ELEVATIONS (SHOW DF, KDB, AND WD) 4175' DF
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2. NAME OF OPERATOR   Shell Oil Company   3. ADDRESS OF OPERATOR   P.O. Box 1509, Midland, Texas 79702   4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)   AT SURFACE: 660' FSL and 660' FWL   AT TOP PROD. INTERVAL:   Same   AT TOTAL DEPTH:   Same   16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   REPORT, OR OTHER DATA   11.   REQUEST FOR APPROVAL TO:   SUBSEQUENT REPORT OF:   TEST WATER SHUT-OFF   FRACTURE TREAT   SHOOT OR ACIDIZE   PULL OR ALTER CASING   MULTIPLE COMPLETE   CHANGE ZONES   ABANDON*   X   (other)   U. S. GEUI   17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state a including estimated date of starting any proposed work. If well is direct measured and true vertical depths for all markers and zones pertinent to the starting and states and zones pertinent to the starting and proposed work. If well is direct and states and zones pertinent to the starting and zones pertinent	2 0. FIELD OR WILDCAT NAME Cato (San Andres) 1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-8-S, R-30-E 2. COUNTY OR PARISH 13. STATE Chaves New Mexico 4. API NO. NA 5. ELEVATIONS (SHOW DF, KDB, AND WD) 4175' DF
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TEST WATER SHUT-OFF	
TEST WATER SHUT-OFF	
	N 1 1 1979 LUGIJAL SURVEY
<ol> <li>Pull production equipment.</li> <li>Spot 30 sx cmt @ TD (est. 290' of fill for 3</li> </ol>	30 sx cmt).
3. Fill the hole w/salt gel mud consisting of 1	
4. Cut $5\frac{1}{2}$ " csg from as deep as possible.	
<ol> <li>Spot 200 sx cmt @ stub before pulling out cs 200 sx cmt in 14" hole).</li> </ol>	
<ol> <li>Spot 100 sx cmt above top of salt @ 1150' (e sx cmt in 9" hole).</li> </ol>	est. 300' of fill for 100
<ul> <li>7. Spot 50 sx cmt from 510' upward. Top of cmt</li> <li>9 5/8" csg (est. 70' of fill inside 9 5/8" c</li> </ul>	
8. Spot cmt in 9 5/8" csg @ surf from btm of ce	ellar down 20'.
<ol> <li>Mark location w/4" OD steel pipe @ least 4' No. 2, Section 23-85-30E" welded on pipe.</li> </ol>	
Subsorface Safety Jafe Min R. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct G.W. Tullos SIGNED	
(This space for Federal or State office of the state of the	6-8-79

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\*See Instructions on Reverse Side