Form 9-331
May 1963

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: NM 0473225

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:

1. OIL WELL ☐ GAS WELL ☐ OTHER Salt Water Disposal

2. NAME OF OPERATOR: Shell Oil Company

8. FARM OR LEASE NAME: Brown Federal A

3. ADDRESS OF OPERATOR: P. O. Box 1509, Midland, Texas 79701

9. WELL NO.: 2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 660' FWL, Section 26, T-8-S, R-30-E, NMPM Survey, Chaves County, New Mexico

10. FIELD AND POOL, OR WILDCAT: Cato (San Andres)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Section 26, T-8-S, R-30-E, NMPM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4181 DF

12. COUNTY OR PARISH: Chaves

13. STATE: New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Shut In			X
(Other)	☐			(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.)*

Salt Water Disposal Operations ceased December 1, 1970. Well is temporarily shut in pending future use.

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

SIGNED Original Signed By R. A. HALVERSON TITLE Product Accts. Supervisor DATE 9-1-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side