

**UNITED STATES
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 ☒ well ☐ gas 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: 1980' FSL and 1980' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NM-073394-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CORDER A FEDERAL

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

CATO (SAN ANDRES)

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

SEC. 4, T-9-S, R-30-E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

14. API NO.

NA

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4071' DF

(NOTE: Report results of multiple completion or zone change only.)

RECEIVED

JUN 8 1979

**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent dates, including estimated date of starting any proposed work. If well is directional, give locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Set CIBP @ 3300' and capped w/3 sx cmt.
2. Loaded hole w/salt gel mud.
3. Cut off 4½" csg @ 2300'.
4. Ppd 100 sx cmt @ stub of csg.
5. Pulled csg to 980' and ppd 100 sx cmt on top of salt section.
6. Pulled csg to 333' and ppd 50 sx plug @ bottom of 8 5/8" csg.
7. Pulled 71 jts 4½" csg (2300').
8. Cut off well head and ppd 20' plug on top of 8 5/8".
9. Installed identification marker on well.
10. Cleaned location. P & A complete.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *G.W. Tullos* TITLE Senior prod. Eng. DATE 6-6-79

(This space for Federal use only)

APPROVED BY (C. S. L.) ALBERT K. STALL

ACTING DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE JUN 10 1979

7M

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DEC 13 1979

J. C. C.
ARTESIA, OFFICE

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DEC 17 1979

OFFICE OF CONSERVATION