

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0155254-A

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 a well or to place a plug back in a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NOV 7 1977
2. NAME OF OPERATOR Shell Oil Company	O. C. C.
3. ADDRESS OF OPERATOR P. O. Box 1509, Midland, Texas 79702	ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 660' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4124.7 GR

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Amco A Federal
9. WELL NO. 6
10. FIELD AND POOL, OR WILDCAT Cato San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 4, T-9-S, R-30-E
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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing & cement - Test <input type="checkbox"/>	
(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.)\*

Spudded @ 2:30 p.m. 7-25-77.

Set 8 5/8" csg @ 259' w/150 sx Class C + 2% CaCl<sub>2</sub>, circulated 15 sx to surface.  
WOC 8 hrs. Tested csg w/500 psi for 30 minutes. No pressure drop.

Option 2:

- 198 cu ft
- Class C + 2% CaCl<sub>2</sub>
- 60° F
- 62° F
- 500 psi
- 8 hrs

Ran 89 jts 5 1/2" 15.5# K-55 8rd csg & cmt'd @ 3545' w/1750 sx (Howco) Lite + 1/4# flocele/sack + 250 sx Class C + 5.3# salt/sack. Bumped plug 8:15 a.m. 8-1-77 w/1800 psi. Held o.k.

Testing well prior completion.

18. I hereby certify that the foregoing is true and correct		J. D. D'Agostino
SIGNED <i>J. D. D'Agostino</i>	TITLE Senior Drilling Engineer	DATE 10-18-77
(This space for Federal or State office use)		
APPROVED BY <i>Joe J. Lara</i>	TITLE ACTING DISTRICT ENGINEER	DATE NOV 4 - 1977
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

OCT 31 1977  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

RECEIVED

1957

OIL COMPANY, INC. & SONS  
ROBBS, N. M.