

UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR HOBBS, NEW MEXICO
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 ☐ other INJECTOR
2. NAME OF OPERATOR
SHELL OIL COMPANY
3. ADDRESS OF OPERATOR
P. O. BOX 991, HOUSTON, TX 77001
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
UNIT LETTER J, 1650 FSL AND 2010
AT SURFACE: FEL, SECTION 20, T-18-S, R-38-E
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* ☐

SUBSEQUENT REPORT OF:

☐
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☐
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☐

(other) CONVERT TO AN UPPER BASAL GRAYBURG INJECTOR X (REQUEST FOR APPROVAL)
PMX-89

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.)*

1. Ran a CNL/GR from TD (4202') to +2200'. Run CBL/VDL/CCL/GR from +4125' (casing shoe @4130') to surface.
2. CO to +4125'.
3. If the bottom of the Upper Basal Grayburg is above the casing shoe @4130', pump 25 sx Class "C" cement. WOC 24 hrs. Tag TOC. Prep to CO cement to perforate.
If the bottom of the Upper Basal Grayburg is below 4130', plug back open hole to a depth to be determined by logs.
4. If open hole is needed, a block acid job will be done using 10# brine and rock salt.
5. Run injection equipment and complete.

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

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

SIGNED A. J. FORE A. J. FORE TITLE SUPERVISOR REGULATORY AND PERMITTING DATE JANUARY 28, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE	APPROVED
FEB 4 1982	
JAMES A. GILLHAM	
DISTRICT SUPERVISOR	