

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.

M-012678

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal CR

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Grana Ridge-Morrow Gas

11. SEC., T., R., OR BLK. AND
SURVEY OR AREASection 4, T-22-S, R-34-E,
BSPM

12. COUNTY OR PARISH

Lea

18. STATE
New Mexico1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
JAN 3 11 07 AM '67 DEC 21 11 34 AM '66

2. NAME OF OPERATOR

Shell Oil Company (Western Division)

3. ADDRESS OF OPERATOR

P. O. Box 1509, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface2310' FNL & 2310' FNL (SE/4 NW/4) Section 4, T-22-S, R-34-E,
BSPM Survey, Lea County, New Mexico

14. PERMIT NO.

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

3643' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

Remedial Operations

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

1. Blow well to atmosphere to clean out tubing.
2. Pump 50 bbls. of condensate containing 2 gals. HYFLO/5 bbls. followed with 2800 gals. Methanol alcohol containing 2 gals. MLX-63/5 bbls. Flush w/70 bbls. condensate.
3. Swab well in and return to sales line.

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

Original Signed By

SIGNED N. W. HarrisonN. W. HarrisonTITLE Senior Exploitation EngineerDATE December 20, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DEC 21 1966

A. R. GROWN
DISTRICT ENGINEER

DATE

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well safe conditioned for final inspection looking to approval of the abandonment.