HOBBS, NEW MEXICO TO TO THE PROPERTY OF THE PR	5. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	LC 071949 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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME ANTELOPE RIDGE UNIT
1. oil gas 📈	8. FARM OR LEASE NAME ANTELOPE RIDGE UNIT
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.) AT SURFACE: 1980' FAL AND 660' FSL AT TOP PROD. INTERVAL: SAME AT TOTAL DEPTH: SAME 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	9. WELL NO. 1 10. FIELD OR WILDCAT NAME ATOKA/MORROW 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA UNIT LETTER N, SEC., 27, T-23-S, R-34-E 12. COUNTY OR PARISH 13. STATE LEA NM 14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3465' GL
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF:	(NOTE: Report results of multiple completion or zone change on Form 9-339.) 1 2 1983
ABANDON*	OIL & GAS Minerals mgmt. Service
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.)*	
WE PROPOSE TO ABANDON THE MORROW ZONE AND RECOMPLETE TO THE ATOKA AS FOLLOWS:	
1. Set CIBP @ 13,200' and cap w/35' of cmt (6 sx (Class "H" + .8% Halad-9).	
2. Install production equipment (tbg open ended) w/pkr @ 11,725'.	
3. Perforate (Atoka) 12,093' to 12,465' (56') thru tbg.	
4. Acidize Atoka w/7,000 gals 15% Morrow flo	ow BC acid containing 750 SCF N ₂ /bbl.
5. Flow test well.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
A. J. FORETITLE SUPV. REG. &	
(This space for Federal or State of	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

*See Instructions on Reverse Side

JAN 1 2 1983 JAMES A. GILLHAM DISTRICT SUPERVISOR

RECEIVED

JAN 1 4 1983

HOBBS OFFICE