

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-080172-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tonkin

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

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

Sec. 18-24N-3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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 "APPLICATION FOR PERMIT--" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2134' FNL & 1850' FEL (SW NE) (Unit G) Section 18
API #30-039-21910

14. PERMIT NO.
Mr. Schmidt 10-20-78

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6922' GR (Ungraded)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) N.O. Cementing Surf. Casing	<input checked="" type="checkbox"/>		
(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.)*

MI WRT - Arapahoe Drilling Company

Spudded 6:30 pm, 11-21-78. Drld 12-1/4" hole to 329' KB. Ran 7 jts (313') 8-5/8" OD 24# K-55 ST&C Rg 3 8rd new csg. Set at 328' KB cemented with 300 sx C1 "B" w/3% CaCl & 1/4# floccle/sack. PD at 4:45 am, 11/22/78. Circld out 12 bbls cmt. Press tested BOP & manifold to 1000# for 15 min, held OK. Top cement at 295'.

11-22-78 Resumed drilling.

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

SIGNED

B. R. Still
B. R. Still

TITLE Operations Info. Ass't.

DATE 11-30-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

