

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-080472-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

- - -

7. UNIT AGREEMENT NAME

- - -

8. FARM OR LEASE NAME

Tonkin

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

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

17-24N-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 ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

Suite 501, 1860 Lincoln Street, Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

(SW SW) (UNIT M) 890' FSL AND 700' FWL SECTION 17

API#

14. PERMIT NO.

30-039-21959

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

6933' 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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Location Change

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

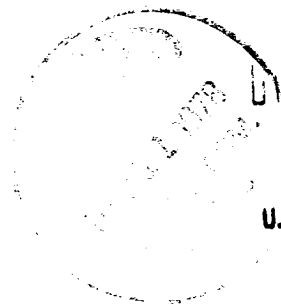
ABANDONMENT\*

(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.)\*

It was necessary to move this well 100' to the south and 100' to the west due to the location of an existing pipeline.



RECEIVED

DEC 08 1978

U. S. GEOLOGICAL SURVEY  
DENVER, COLO.

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

SIGNED

*W. A. Walker Jr.*

TITLE Operations Manager

DATE 12-4-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

*Okid*

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-55

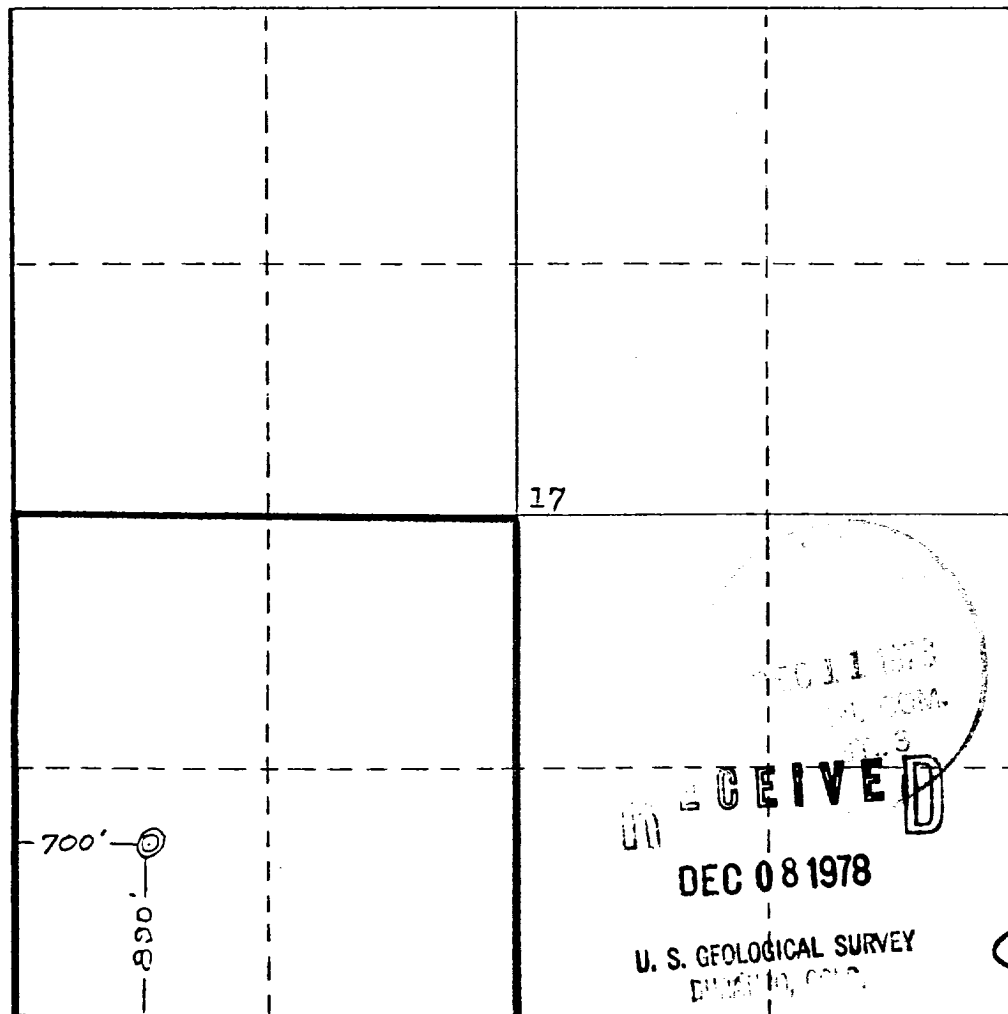
All distances must be from the outer boundaries of the Section.

Operator <b>THE ATLANTIC RICHFIELD COMPANY</b>		Lease <b>TONKIN FEDERAL</b>		Well No. <b>3</b>
Unit Letter <b>M</b>	Section <b>17</b>	Township <b>24 NORTH</b>	Range <b>3 WEST</b>	County <b>RIO ARriba COUNTY</b>
Actual Footage Location of Well: <b>890</b> feet from the <b>SOUTH</b> line and <b>700</b> feet from the <b>WEST</b> line				
Ground Level Elev. <b>6933</b>	Producing Formation <b>Dakota</b>	Pool <b>West Lindrith Gallup</b>	Dedicated Acreage: <b>160</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? **N/A 100% Atlantic Richfield Company**  
☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*W. A. Walther, Jr.*  
Name  
**W. A. Walther, Jr.**

Position  
**Operations Manager**

Company  
**Atlantic Richfield Company**

Date  
**December 4, 1978**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**29 November 1978**

Registered Professional Engineer  
and Land Surveyor  
*James P. Leese*

**James P. Leese**

Certificate No.

**1463**

