

Form 9-531
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER P & A	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-7278
2. NAME OF OPERATOR Atlantic Richfield Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR Box 2197 Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FWL (Unit M) Sec. 34	8. FARM OR LEASE NAME Navajo Tribal 141
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Wildcat-Miss
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-27N, R-27W
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE San Juan N. Mex.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5624'	

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.) *

On 10/6/72 moved in pulling unit and mud pumps. On 10/7 & 8 mixed mud to 10.5# 1 gal, killed well and circulated w/mud. On 10/9 & 10/72 set the following cement plugs to P & A:

From 6828' to 6300' w/87 sacks class "C" cement in 5" liner and 7" csg.

From 1000' to surface w/80 sacks pumped in 7" x 9 5/8" annulus.

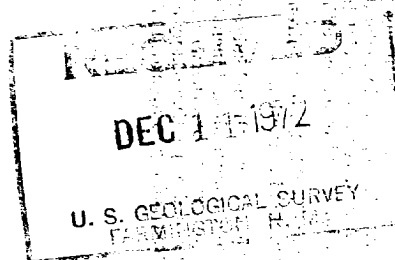
From 975' to 775' inside 7" casing w/34 sacks class "C"

From 30' to surface inside 7" casing w/5 sacks class "C"

Unable to pump into 13 3/8" x 9 5/8" annulus w/1000 psi.

On 10/16/72 put cement plug in 13 3/8 x 9 5/8 annulus from surface to 15' w/hand pump using 5 sacks cement. Installed dry hole marker.

On 12/8/72 cleaned up location.



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

SIGNED

J. E. Taylor

TITLE Prod. & Drlg. Foreman

DATE 12/8/72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: