

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

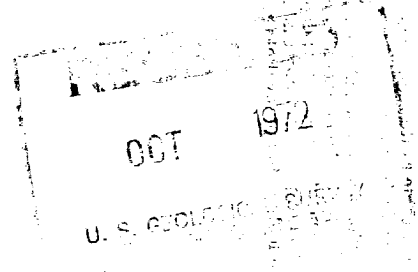
<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>SF078673</b></p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR <b>Atlantic Richfield Company</b></p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR <b>Box 2197, Farmington, New Mexico</b></p>		<p>8. FARM OR LEASE NAME <b>Schlusser WN Fed.</b></p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>790' FSL &amp; 790' FWL (Unit M) Sec. 3</b></p>		<p>9. WELL NO. <b>2</b></p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND POOL, OR WILDCAT <b>Kutz Gallup</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>GR 6210'</b></p>		<p>11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA <b>Sec. 3, T-27N, R-11W</b></p>
		<p>12. COUNTY OR PARISH 13. STATE <b>San Juan N. Mex.</b></p>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Shut in Upper Zone <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.)\*

The upper zone (Gallup) of this dual Dakota-Gallup well has been producing by natural flow. Since February, its production has been less than 1 BOPD, ~~now~~ the zone is incapable of flowing and has not produced in two months. We propose to classify the Gallup zone as shut in. The lower zone (Dakota) will continue producing.



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

SIGNED *B. J. Sastain* TITLE Drig. & Prod. Supervisor DATE 9/19/72

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
*Oked*

\*See Instructions on Reverse Side