

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SHOULD BE TRIPPLICATED
(Other instructions on reverse side)

Form approved
Bureau Order No. 42-11604

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.)		6. LEASE DESIGNATION AND SERIAL NO. 14-08-0001-8200
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection		7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
2. NAME OF OPERATOR Atlantic Richfield Company		8. PART OF LEASE NAME Horseshoe Gallup
3. ADDRESS OF OPERATOR Box 2197 Farmington, N. M.		9. WELL NO. 240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 1986' FNL & 1922' FWL (Unit F) Sec 2 at surface		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup-Gallup
14. PERMIT NO.		11. SURV. TYPING OR SURV. AND SURVEY OR AREA Sec 2, T-30N R-16W
15. ELEVATIONS (Show whether Dr, Ht, Cr, Cbr.) GR 5641'		12. COUNTY OR PARISH, 16. STATE San Juan N. M.

10. 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	X	(Note: Report results of multiple completion on Well Completion or Recombination 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.)*

We propose to cease injection in this well as uneconomical to operate. The production supported by this well is not sufficient to justify continued injection. Part of the water normally injected in this well will be transferred to a well nearer the center of the field. Perforations open are 1574'-1612' & 1616'-1626'. If any adverse effect on oil production is noted we will probably want to resume injection in this well.

JUN 25 1970

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

SIGNED B. J. Dastine TITLE Dir. - Prod. Supv DATE 6/13/70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side