

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

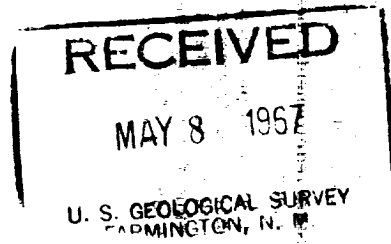
SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☐ GAS WELL ☐ OTHER ☒ Water Injection		5. LEASE DESIGNATION AND SERIAL NO. 14-08-0001-8200
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Havasupai Tribe
3. ADDRESS OF OPERATOR P.O. Box 2197, Farmington, New Mexico		7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 330' FZL (Unit H) Section 6		8. FARM OR LEASE NAME Horseshoe Gallup Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) OR 5552' RKB 5559'	9. WELL NO. E30
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐ FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐ SHOOT OR ACIDIZE ☐ ABANDON* ☐ REPAIR WELL ☐ CHANGE PLANS ☐ (Other) Shut in Injection Well ☒		SUBSEQUENT REPORT OF: WATER SHUT-OFF ☐ REPAIRING WELL ☐ FRACTURE TREATMENT ☐ ALTERING CASING ☐ SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐ (Other) ☐
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T30N, R16W
		12. COUNTY OR PARISH San Juan
		13. STATE N. M.

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 shut in this single Upper Zone water injection well. This well serves two producing wells which we are preparing to shut in as uneconomical to operate. We do expect to periodically test the two producing wells. If an increase in producing capability is noted, we may want to resume injection in this well.



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

SIGNED B. J. Sartore TITLE Dir. Prod. Supv. DATE 5/5/67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by the State or Federal office.

Item 4: If there are no applicable State requirements, operations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment, data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depth (top and bottom) and method of placement of cement plugs; and or other material placed below, between and above plugs; amount, size, method of packing of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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SUNDRY NOTICES AND REPORTS ON WELLS

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
UNITED STATES

Form 9-73
May 1967

1. NAME OF OPERATOR

2. ADDRESS OF OPERATOR

3. NAME AND ADDRESS OF STATE OR LOCAL AGENCY TO WHICH COPIES OF THIS REPORT ARE TO BE SUBMITTED

Check appropriate box to indicate Nature of Notice, Report, or

NOTICE OF ABANDONMENT

1. PROPOSED ABANDONMENT

2. REPORT OF ABANDONMENT

3. REPORT OF PRODUCTION

4. REPORT OF CLOSURE

5. REPORT OF REPAIR

6. REPORT OF INSPECTION

7. REPORT OF OTHER

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