

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-604-1951
2. NAME OF OPERATOR ARCO Oil & Gas Co., Division of Atlantic Richfield Co.		4. INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1816 E. Mojave Farmington, NM 87401		5. UNIT AGREEMENT NAME Horseshoe Gallup Unit
6. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2215' FNL & 660' FWL		6. FARM OR LEASE NAME Horseshoe Gallup
14. PERMIT NO.		7. WELL NO. 191
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5395' GL		10. FIELD AND POOL, OR WILDCAT Gallup, Horseshoe
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 34, T31N, R16W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

RELL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

Well Activation ☒

(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.) *

This well was reactivated on 5/10/89 due to improving economic conditions. The well was listed as long term shut-in prior to this date.

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

SIGNED E. D. Canyon

TITLE Production Supervisor

DATE 5/11/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE MAY 11 1989

*See Instructions on Reverse Side