UNITED STATES SUBMIT IN TRIPLICATE* (May 1963) DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-734	
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. IF INDIAN, ALLOTTER Navajo	
1. OIL GAS OTHER Water injection 2. NAME OF OPERATOR	Horseshoe Gallup Unit	
Atlantic Richfield Company 3. ADDRESS OF OPERATOR 1860 Lincoln Street Suite 501 Denver Colorado 80203	Horseshoe Gallup . wall No. 29	
1860 Lincoln Street, Suite 501, Denver, Colorado 80203 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT HOTSEShoe Gallup - Gallup 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA SURVEY OR AREA	
Unit F, 1724' FNL and 2067' FWL, Sec. 31-31N-16W	Sec. 31-31N-16W	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5554	12. COUNTY OF PARISH San Juan	New Mexico
Check Appropriate Box To Indicate Nature of Notice, Report, or O		
NOTICE OF INTENTION TO: SURSEQUE TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) SURSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Shut-in (NOTE: Report results)	EEPAIRING TALTERING C. ALTERING C. ABANDONME!	ASING
This well was shut-in during June, 1972 because of a low inject 4 BWPD). This well is in a large unit which is now under waterflood open plans are to conduct waterflood and tertiary recovery studies. may result in a revised waterflood plan or in a tertiary recover that may require the use of this well in order to recover the of oil from this reservoir.	etion rate (apperations. Futo These studions	proximately ure es
Two (2) copies sent to New Mexico Oil Conservation Commissi	on	
18. I hereby certify that the foregoing is true and correct SIGNED W. F. Walther, Jr. Post. Prod. & Dr.1g. Supt (This space for Federal or State office use)	DATE	-18-74

DATE ____

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY: