

DEPARTMENT OF THE INTERIOR (Form 100-10)
BUREAU OF LAND MANAGEMENT

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. LEASE IDENTIFICATION AND SERIAL NO.
14-20-603-734

2. IF NEAR, ALIQUOT OR TRACT NAME
Navajo

3. SITE IDENTIFICATION NAME
Horseshoe Gallup Unit

4. NAME OF LEASE NAME
Horseshoe Gallup

5. WELL NO.
12

6. FIELD AND POOL, OR WELDCAT
Horseshoe Gallup

7. SEC., T., R., OR B.L. AND SURVEY OR AREA
Sec. 29, T-31N, R-16W

8. COUNTY OR PARISH
San Juan

9. STATE
NM

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

2. NAME OF OPERATOR
ARCO Oil & Gas Company, Division of Atlantic Richfield Co.

3. ADDRESS OF OPERATOR
1816 E. Mojave, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

660' FSL & 1980' FWL

10. PERMIT NO.

11. ELEVATIONS (Show whether of, at, or, etc.)
5399' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☒
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)	☐		☐

(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.)

ARCO Oil and Gas Company respectfully requests approval to activate the subject well. Due to the recent activation of Horseshoe Gallup Unit #38, ARCO can economically operate the injection well due to the added waterflood support of the four offset producers (#38, #39, #44, #45). The well will be activated effective 2/9/88.

RECEIVED
JUN 23 1988
OIL CON. DIV.
DIST. 2

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

SIGNED Brian J. Briscoe TITLE Production Supervisor

DATE 2/9/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side