

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | Shut In - Injection | 5. LEASE DESIGNATION AND SERIAL NO. | 14-08-0001-8200 |
| 2. NAME OF OPERATOR | ARCO Oil and Gas Company, Division of Atlantic Richfield Company | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | Navajo - Ute Mtn. |
| 3. ADDRESS OF OPERATOR | 1860 Lincoln St. - Suite 501, Denver, CO 80295 | 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 | Unit J - 1980' FSL and 1980' FEL, Sec. 28 | 8. FARM OR LEASE NAME | Horseshoe Gallup Unit |
| 14. PERMIT NO. | 15. ELEVATION (Show whether DF, RT, GR, etc.) | 9. WELL NO. | 160 |
| | GR 5763' | 10. FIELD AND POOL, OR WILDCAT | Horseshoe Gallup |
| | | 11. SEC., T., R., M., OR B.K. AND SURVEY OR AREA | Sec. 28-31N-16W |
| | | 12. COUNTY OR PARISH | San Juan |
| | | 13. STATE | New Mexico |

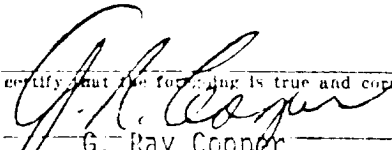
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| 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) Operator Name Change <input checked="" type="checkbox"/> | |
| (Other) Operator Name Change <input checked="" type="checkbox"/> | | (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.)*

To indicate change in name of Operator to ARCO Oil and Gas Company, Division of Atlantic Richfield Company, assumed name for formerly Atlantic Richfield Company, effective April 1, 1979.

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

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| SIGNED  | TITLE Accounting Supervisor | DATE 3-20-79 |
| (This space for Federal or State office use) | | |
| APPROVED BY | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | |