DEPARTMENT OF THE INTERIOR (Other instructions on re-				5. LEASE DESIGNATION AND SERIAL NO.					
							SUNDRY NOT	ICES AND REPORTS	ON WELLS
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.)				Navajo-Ute Mountain 7. UNIT AGREEMENT NAME					
1.									
OIL GAS WELL OTHER Injection					Gallup Uni				
2. NAME OF OPERATOR				OR LEASE NAME					
Atlantic Richfield Company 3. ADDRESS OF OPERATOR (A)! 4 a 3 b. COM.				y Rocks (allup				
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Coloredo DISBO203				8. WELL NO.					
1000 Lincoln Street, St	uite 501, Denver, Co	State	18	AND DOOR OR	PAT DOLD				
4. LOCATION OF WELL (Report location clearly and in accordance with any State resultements See also space 17 below.) At surface Unit C, 660' f/North & 2030' f/West lines Sec. 17'				Many Rocks Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
							Sec. 17-31N-16W		
							14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		
					5689		San	Juan	New Mexico
16. Charle A	ppropriate Box To Indicate 1	Manua (Nation Domina a	- Od D-4	_					
	• •								
NOTICE OF INTENTION TO:				f OF:					
TEST WATER SHUT-OFF	PULL OB ALTER CASING	WATER SHUT-OFF		REPAIRING WI	BLL				
FRACTURE TREAT	MULTIPLE COMPLETE	WRACTURE TREATMENT		ALTERING CAS	IING				
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING		ABANDONMENT	L*				
REPAIR WELL	CHANGE PLANS	(Other) Shut In		completion of	n Well				
(Other)		Completion or Reco	mpletion Repor	t and Log forn	n.)				
17. DESCRIBE PROPOSED OR COMPLETED OP- proposed work. If well is directi nent to this work.) *	ERATIONS (Clearly State all pertine)	nt details, and give pertinent da tions and measured and true vei	tes, including 6 rtical depths fo	estimated date r all markers	of starting any and zones perti-				
stopped to reduce exper This well was shut 1-23-73.	t in 3-29-73. U.S.G. Unit. Waterflood op nduct waterflood and d waterflood plan or	t performance withous. approved Supplementions have been tertiary recovery sin a tertiary recovery	out inject mental Pla temporari tudies. very progr	ion. on of Dev ly suspe These st	nded. udies may				
	· ·								
Two copies sent to New		tion Commission							
18. I hereby certify that the foregoing	is true and correct	The state of the comment of the state of the							
signed W. F. Walther, W. A. Walther,	In po TITLE Di	st. Prod. & Drlg. S	upt. DAT	re <u>10/18</u>	/74				
(This enace for Federal or State off	fine man)								

DATE _

APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY: