

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Nav. Ute-Mtn.

7. UNIT AGREEMENT NAME

Many Rocks Gallup Pro.

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SUNDY 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 ☐ GAS WELL ☐ OTHER ☒ Water Injection Wells

2. NAME OF OPERATOR

Atlantic Richfield

3. ADDRESS OF OPERATOR

Box 2197, Farmington, N. Mex.

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

San Juan N. Mex.

16. 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) Shut-In Injection Wells ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

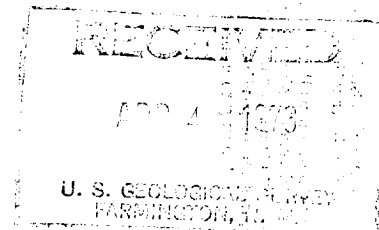
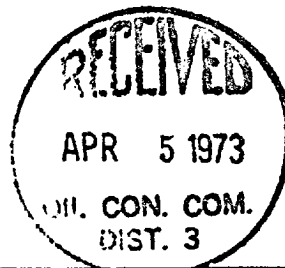
ABANDONMENT* ☐

(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.)*

As per USGS approval, dated Jan. 23, 1973, of supplemental plan of development -- We have discontinued water injection as of March 29, 1973 on the following wells: #16, 18, 19, 21, 22, 23, & 26.

Also include Water Supply well #1-W as being shut-in March 29, 1973



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

SIGNED R.R. Masker

TITLE Acting Dir. Pro. Supv. DATE 4/2/73

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side