

Form 9-331  
(May 1963)

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-1" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Previous S.I. Injection Well	5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3530
2. NAME OF OPERATOR Atlantic Richfield Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo - Ute Mountain
3. ADDRESS OF OPERATOR Box 2197, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME Many Rocks Gallup Project
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL & 2310' fwl (Unit K) Section 7	8. FARM OR TRACT NAME Many Rocks Gallup
14. PERMIT NO.	9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-5764, RKB 5774	10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
	11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec 7, T-31N, R-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) Return to producing <input checked="" type="checkbox"/>	
(Other) <input 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.)\*

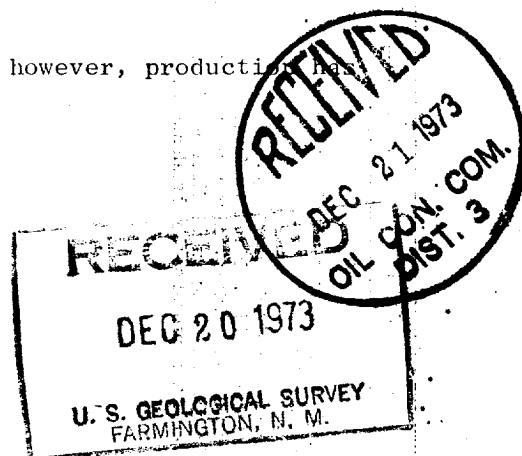
Bled tbq. down.

On 11/29 pulled packer and reran 2 3/8 tbq. with seating nipple.

On 11/30/73 set pumping unit.

On 12/1/73 started pumping well.

Test on 12/17 indicates 9-10 BOPD and 55 BWPB, however, production not stabilized.



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

SIGNED

*B. J. Sartain*

TITLE Drilling & Prod. Supv.

DATE 12/19/73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side