Form 9-331 (May 1963)		JNITED STATES	ITED STATES  SUBMIT IN TRIPLICATE  Other instructions on reverse side)			Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.		
GEOLOGICAL SURVEY						i .		
						14-08-0001-8200 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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		
OLC GAS CO						7. UNIT AGREEMENT NAME		
WELL WELL OTHER Water Injection  2. NAME OF OPERATOR						Horseshoe Gallup Unit 8. FARM OR LEASE NAME		
Atlantic Richfield Company 3. ADDRESS OF OPERATOR						orseshoe Gallup		
1860 Lincoln Street, Suite 501, Denver, Colorado 80203 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						143		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface						TELD AND POOL, OR WILDCAT		
Unit K, 880' FSL & 1980' FWL, Section 21						Prseshoe Gallup BC., T., R., M., OR BLE. AND SURVEY OR AREA	<del></del>	
						c. 21-31N-16W		
14. PERMIT NO.	15. ELEVATIONS (Show whe	ATIONS (Show whether DF, RT, GR, etc.)			OUNTY OR PARISH 13. STAT	Ē		
					1 _	n Juan New M		
16.	Charle An	propriate Box To Indic	NI-1	(N. D.			<u>3X1C</u> O	
N.	r Other L	ther Data						
30	TICE OF INTENT	ION TO:	SUBSEQU			PORT OF:		
TEST WATER SHUT-OFF	' P	TLL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	]	
FRACTURE TREAT	м	CLTIPLE COMPLETE	-	FRACTURE TREATMENT		ALTERING CASING	_	
SHOOT OR ACIDIZE		BANDON*	-	SHOOTING OR ACIDIZING		ABANDONMENT*	_[	
REPAIR WELL	C1	HANGE PLANS	-	(Other) Shut In	Exten	sion Request	_	
(Other)			]	Completion or Reco	muletion R	tiple completion on Well eport and Log form.) ng estimated date of startin		
This well plans are to co sult in a revisithe use of this	is in a londuct wat ed waterf well in	arge Unit which erflood and ter lood plan or in	is now tiary re a tertion r the ma	under waterfloc covery studies.	od oper Thes			
Two copies sent  18. I hereby certify that the SIGNED	to New M	rue and correct		Commission Ons Manager		JUN 14 1976 DIL CON. COM. DIST 3		
(This >page for Federal	er State office	use)					<del></del>	
CONDITIONS OF APP	ROVAL, IF AN	Y:			1	DATE		