

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

|                                                                                                                                                                                                      |  |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.<br>Use "APPLICATION FOR PERMIT—" for such proposals.) |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>24-00-0001-0000                   |
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Water Injection</b>                                                                         |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Navajo-Use Mts.                  |
| 2. NAME OF OPERATOR<br><b>Atlantic Richfield Company</b>                                                                                                                                             |  | 7. UNIT AGREEMENT NAME<br>Horseshoe Gallup Unit                          |
| 3. ADDRESS OF OPERATOR<br><b>Box 2197, Farmington, New Mexico</b>                                                                                                                                    |  | 8. FARM OR LEASE NAME<br>Horseshoe Gallup Unit                           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>1980' FSL &amp; 2080' FEL (Unit J) Sec. 27</b>         |  | 9. WELL NO.<br>164                                                       |
| 14. PERMIT NO.                                                                                                                                                                                       |  | 10. FIELD AND POOL, OR WILDCAT<br>Horseshoe Gallup                       |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.)<br>GR 5477'                                                                                                                                           |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 27, T-31N, R-16W |
|                                                                                                                                                                                                      |  | 12. COUNTY OR PARISH<br>San Juan                                         |
|                                                                                                                                                                                                      |  | 13. STATE<br>New Mex.                                                    |

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

## NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

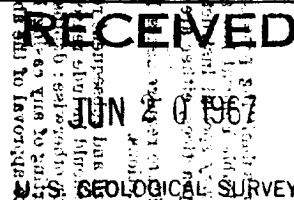
## SUBSEQUENT REPORT OF:

|                                                |                                                  |
|------------------------------------------------|--------------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>          |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>         |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.)\*

This Upper Zone injection well was shut in on June 1, 1967, as part of a program to determine effectiveness of water injection in the East area of the Horseshoe Gallup Field.



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

SIGNED

*B. J. Sartain*

TITLE

Dir. Prod. Supv.

DATE

6/20/67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side.