

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.

5. LEASE DESIGNATION AND SERIAL NO.

14-03-0003-8200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Ute Mtn.

7. UNIT AGREEMENT NAME

Horseshoe Gallup Unit

8. FARM OR LEASE NAME

Horseshoe Gallup Unit

9. WELL NO.

165

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec. 27, T. 31 N., R. 26 W.

12. COUNTY OR PARISH

Gallup Co. N.M.

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.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P.O. Box 2197, Farmington, New Mexico

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

1910' FSL + 550' FEL (Unit I) Sec. 27

14. PERMIT NO.

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

6256 1/2' SUR. 5654'

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 Well

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

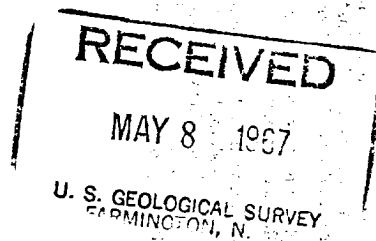
ALTERING CASING

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.)*

We propose to cease continuous operation of this well as presently uneconomical to operate. Well is producing / EOPD and 0 BWPD. We do expect to periodically test the well to detect any significant change in its producing capability. If this change occurs, the well will be returned to producing status.



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

SIGNED

B. J. Barton

TITLE

Chief, Prod. Surv.

DATE

5-2-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE