

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—" for such proposals.)

| | | |
|---|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection | | 5. LEASE DESIGNATION AND SERIAL NO. 14-08-0001-8200 |
| 2. NAME OF OPERATOR Atlantic Richfield Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo - Ute Mountain |
| 3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203 | | 7. UNIT AGREEMENT NAME Horseshoe Gallup Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit D, 605' f/North & 690' f/West lines Sec. 35 | | 8. FARM OR LEASE NAME Horseshoe Gallup |
| 14. PERMIT NO. | | 9. WELL NO. 184 |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5519' | | 10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-31N-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:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| 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"/> | | <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 type="checkbox"/> |
| (Other) Shut In | <input checked="" type="checkbox"/> | | <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 well was shut in 5-31-67 in order to evaluate the effect of changing pattern injection on production. U.S.G.S. approval for making this change dated 5-24-67.

This well is in a large Unit which is now under waterflood operations. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

Two (2) copies sent to New Mexico Oil Conservation Commission

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

SIGNED W. A. Walther, Jr. TITLE Dist. Prod. & Drilg. Supt. DATE 10/18/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: