Form 9-331 (May 1963)	DEPARTI	UNITED STATES MENT OF THE INT		n re- 5. LEASE	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.			
GEOLOGICAL SURVEY					14-08-0001-8200			
SUNDRY NOTICES AND REPORTS ON WELLS					6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
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			
1.				7. UNIT	AGREEMENT NAME			
OIL GAS WELL OTHER Injection 2. NAME OF OPERATOR					Horseshoe Gallup Unit 8. FARM OR LEASE NAME			
Atlantic Richfield Company					Horseshoe Gallup			
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado					184			
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 					Horseshoe Gallup			
Unit D, 60	D5' f/North &	, 690' f/West line	s Section 35	11. SEC.	T., B., M., OR BLK. AND RVEY OR AREA 35-31N-16W			
14. PERMIT NO.		15. ELEVATIONS (Show whet	her DF, RT, GR, etc.)		Juan New	Mexico		
16.	Chack A					<u>HEXTC</u> C		
	Check Appliabilities Box to malcure Harder of Honce, Report, or					QUENT REPORT OF:		
			WILMEN CYLLE ORS		REPAIRING WELL			
TEST WATER S		PULL OR ALTER CASING	WATER SHUT-OFF		ALTERING CASING			
FRACTURE TREA	<u> </u>	MULTIPLE COMPLETE	FRACTURE TREATMENT		-			
SHOOT OR ACID		ABANDON*	SHOOTING OR ACIDIZIN	<u> </u>	ABANDONMENT*			
REPAIR WELL		CHANGE PLANS	(Other) Shut I					
(Other)			Completion or R	results of multiple ecompletion Repo	le completion on Well ort and Log form.)			
17. DESCRIBE PROPOSED proposed wor nent to this w	k. If well is directi	ERATIONS (Clearly state all per onally drilled, give subsurface	rtinent details, and give pertinent clocations and measured and true	dates, including vertical depths f	estimated date of star for all markers and zon	ting any nes perti-		
			rder to evaluate the .S. approval for mak					
plans are sult in a	to conduct w revised wate	aterflood and ter rflood plan or in	is now under waterf tiary recovery studio a tertiary recovery r the maximum amount	es. These program t	studies may hat may requi	re		
	TEMPODZOV A:			(JUN 14 1976 ML CON. COM.			
	TEMPORARY ALL EXPIRES	ANDONMENT		`	DIST COM			
T '	• • • • • • • • • • • • • • • • • • •	1 1977						
	s sent to New that the foregoing		rvation Commission			 		
signedV	A. Walther	Jr. TITLE	Operations Manage	<u>r</u> D <i>i</i>	ATE 6/04/76			
	Federal or State of							
APPROVED BY	YOF APPROVAL, IF			DA	\TE			