## UNITED STATES

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE PLANS

SUBMIT IN TRIPLICATE\* IF INTERIOR (Other instructions on re14-20-603-2032

,	Budget	Bures	u N	o. <b>42</b> –R	1424.
LEASE	DESIGN	ATION	AND	SERIAL	NO.

REPAIRING WELL

ALTERING CASING

ABANDON NENTE

DEFARII	14_08_0001_8200			
SUNDRY NOT	ICES AND REPORTS ON WELLS sals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.)	TOTAL STATE OF TRIBE NAME		
OIL GAS WELL OTHER		7. Enragement Madlup Unit		
2. NAME OF OPERATOR		E Tank or LEASE NAME?		
Atlantic Richfield Com 3. ADDRESS OF OPERATOR Box 2197, Farmington,		9 WELL NO.		
4. LOCATION OF WELL (Report location of See also space 17 below.) At surface	clearly and in accordance with any State requirements.*	8. 10. Fight and Pool, of Wildcat		
1652' FML & 1827' FWL	(Unit F) Section 14	SURVEY OR AREA		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12 COUNTY OR PARISH 13. STATE		
	QL \$398'; RXB 5402'	San Juan S New Mex.		
16. Check A	ppropriate Box To Indicate Nature of Notice, Report, o	r Other Data		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Shut in (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, incleding estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical deptes for all markers and zones pertinent to this work.)\*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

We propose to cease continous operation of this well as presently uneconomical to operate. Well is producing 1 MOPD & 0 SWPD. We do expect to persedically tout the well to detect any significant increase in its oil producing capability of thie change occurs, the well will be returned to producing status. shut in on January 1, 1968. 2



U. S. GEOLOGICAL SURVEY

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18. I hereby certify that the foregoing is true and correct	TITLE	Drlg. Prod. Supv.	DÀTE	12/21/67
(This space for Federal or State office use)				
APPROVED BY	TITLE		DATE 2	