

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No.
14-08-0001-8200

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 SURVEY OR AREA Navajo-Ute Mountain
2. NAME OF OPERATOR Atlantic Richfield Company	7. UNIT AGREEMENT NAME Horseshoe Gallup
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203	8. FARM OR LEASE NAME Horseshoe Gallup
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit H, 1990' f/North & 645' f/East lines, Section 34	9. WELL NO. 194
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5472'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-31N-16W
16.	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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, Extension Request	<input checked="" type="checkbox"/>		<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS - Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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.*
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

TEMPORARY ABANDONMENT
EXPIRES

JUN 1 1977



Two 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 Operations Manager

DATE 6/04/76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side