

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>14-20-604-1951</b>
2. NAME OF OPERATOR <b>Atlantic Richfield Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo &amp; Ute Mountain</b>
3. ADDRESS OF OPERATOR <b>501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80203</b>		7. UNIT AGREEMENT NAME <b>Horseshoe Gallup Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>Unit Ltr "B" - 150' f/North &amp; 1375' f/East lines Sec. 33</b>		8. FARM OR LEASE NAME <b>Horseshoe Gallup Unit</b>
14. PERMIT NO. App'd <b>Mr. McGrath, 6/1/74</b>		9. WELL NO. <b>283</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5498' GL, ungraded</b>		10. FIELD AND POOL, OR WILDCAT <b>Horseshoe Gallup</b>
		11. SEC., T. R., M., OR B.L. AND SURVEY OR AREA <b>Sec. 33-31N-16W</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>New Mexico</b>

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 checked="" type="checkbox"/>
(Other) <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) <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.)\*

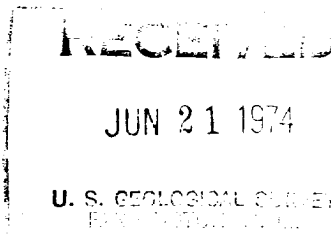
Propose to change casing program to utilize casing which has now become available.

From:

11-1/2" hole	7-5/8"OD	26.4#	Set @ 120'	120 sx (cement to surface)
6-3/4" hole	4-1/2"OD	10.5 & 11.6#	Set @ T.D.	250 sx

To:

12-1/4" hole	8-5/8"OD	32#	Set @ 120'	120 sx (cement to surface)
7-7/8" hole	5-1/2"OD	11#	Set @ T.D.	250 sx



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

SIGNED W. A. Walther, Jr.  
(This space for Federal or State office use)

TITLE Dist. Prod. & Drlg. Supt.

DATE 6/18/74

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_