

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-1951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo - Ute Mtn.

7. UNIT AGREEMENT NAME

Horseshoe Gallup Unit

8. FARM OR LEASE NAME

Horseshoe Gallup Unit

9. WELL NO.

283

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33-31N-16W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Temporarily Abandoned

2. NAME OF OPERATOR
ARCO Oil and Gas Company, Division of Atlantic Richfield

3. ADDRESS OF OPERATOR
1860 Lincoln St. - Suite 501, Denver, CO 80295 Company

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

Unit B - 150' FNL and 1375' FEL, Sec. 33

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, KT, GR, etc.)

GR 5498'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Operator Name Change ☒

SURSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) Operator Name Change ☒

(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.)*

To indicate change in name of Operator to ARCO Oil and Gas Company, Division of Atlantic Richfield Company, assumed name for formerly Atlantic Richfield Company, effective April 1, 1979.

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

SIGNED

G. Ray Cooper

TITLE

Accounting Supervisor

DATE

3-20-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

