

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-04075
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	8. FARM OR LEASE NAME Gardner
9. WELL NO. 13-1	10. FIELD AND POOL, OR WILDCAT Gavilan/Mancos
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-25N, R-3W	12. COUNTY OR PARISH Rio Arriba
13. STATE NM	
14. PERMIT NO. 30-039-24072	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7223' GR

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 PLANE <input 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) Shut-in, awaiting gas connect. <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DES. RIDE 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.)*

ARCO Oil and Gas Company reports that the Gardner #13-1 was shut-in at 11:00 a.m. on July 17, 1987 pending gas connection.

Your office will be notified upon the wells return to production once the gas has been connected.

RECEIVED
BUREAU OF LAND MANAGEMENT
87 JUL 21 7 18 AM
FARMINGTON, NEW MEXICO

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

SIGNED <u>Les Fisher</u>	TITLE <u>Production Supervisor</u>	DATE <u>7/17/87</u>
(This space for Federal or State office use)		

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side