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.) 7. UNIT AGREEM 7. UNIT AGREEM 7. UNIT AGREEM 8. FARM OR LEA Krause 2. NAME OF OPERATOR At lantic Richfield Company 3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface Unit M, 790' f/South & 990' f/West lines Sec. 32 Sec. 32 11. SEC., T., R., BUTSTEY SEC. 32 Sec. 32 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6035' Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE MULTIPLE COMPLETE ABANDON* SHOOTING OR ACIDIZE ABANDON* 7. UNIT AGREEM Krause 9. WELL NO. 10. FIELD AND 1 11. SEC., T., R., BUTSTEY 12. COUNTY OR SURSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* SHOOTING OR ACIDIZING ABANDON*	F. 078863
OIL WEIL WELL OTHER 2. NAME OF OPERATOR Atlantic Richfield Company 3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203 4. Location of well (Report location clearly and in accordance with any State requirements.* 10. Field and it see also space 17 below.) At surface Unit M, 790' f/South & 990' f/West lines Sec. 32 11. SEC., T., R., SURVEY C. Sec. 32 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6035' 16. Check Appropriate Box To Indicote Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDON* SHOOTING OR ACIDIZING ABANDON*	LLOTTEE OR TRIBE NAME
Atlantic Richfield Company 3. Address of Operator 1860 Lincoln Street, Suite 501, Denver, Colorado 80203 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit M, 790' f/South & 990' f/West lines Sec. 32 11. SEC. T. R. SURVEY Colorado Sec. 32 14. Permit No. 15. Elevations (Show whether DF, RT, CR, etc.) 6035' Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* S. PARM OR LEA Krause 9. Well No. 10. FIELD AND 10 Sec. 32	IENT NAME
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of intention to: Subsequent report of: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SOURCE WATER SHUT-OFF FRACTURE TREATMENT ALTE SHOOT OR ACIDIZE ABANDON*	M., OR BLE. AND OR AREA 2-28N-11W
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* Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: REPA PRACTURE TREATMENT ALTER SHOOT OR ACIDIZE ABANDON*	PARISH 13. STATE
NCTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REFA FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTER SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABAN	an New Mexic
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REPAIR WELL (Other) CHANGE PLANS (Other) (Other) (Other) (Note: Report results of multiple comproduction or Recompletion Report and Completion or Recompletion Report and Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all nent to this work.) This well has been shut in since prior to November 23, 1963 when it was acquired by Sinclair Oil and Gas Company from Western Natural Gas Company test on the Gallup showed it to be nonproductive. The well is a dual Gall Dakota well. The Dakota is still producing and the well will be retained its present condition.	Log form.) ted date of starting any markers and zones perti-
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. (This space for Federal or State office use)	10/18/74

TITLE __

DATE ___

APPROVED BY ____CONDITIONS OF APPROVAL, IF ANY: