UNITED STATES (November 1983) (Furmerly 9-331) BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS (In not use this form for proposals to drill or to dropes or ping back to a different reservoir. Use "APPLICATION FOR PERMIT—" for sech proposals.) OIL				Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 LUMI MANATON AND SALUE NO. SF-81226-B L W LUCKER, ALLOTTER OR TRIBS NAME Havajo T. WHIT AGREEMENT NAME Horseshoe Gallup Unit	
				S. PARM OR LEASE MANS	
1816 E. Mojave, Farmington, New Mexico 87401				Horseshoe Gallup	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 1820 FS & 2130 FF 14. PERMIT NO. 15. BLEVATIONS (Show whether Mr. ST. OS. etc.)				244 16. FIRES AND POOL, OR WILDCAT Horseshoe Gallup 11. EDC. 2. R. M., OR M.E. AND STRYPT OR AREA Sec. 4. T-30N. R-16W	
	5345		etc)	12. COUNTY OR PARISE 18. STATE	
TEST WATER SHUT-OFF				1 San Juan NM Differ Data	
PRACTURE TREAT RECOT OR ACIDIES REPAIR WELL (Other)	MULTIPLE COMPLET ABANDON* CHANGE PLANS	x X	TO A PARTICULAR OF WASTER	ALTERING WELL ALTERING CASING ARANDONMENTO of multiple completion on Well letion Report and Log form.) lacinding estimated date of starting any al depths for all markers and sones perti-	
economically CO2 flooding tional oil re the study to the workover proposes that bore will be	operate the subject of the Horseshoe Galcovery(a CO2 Pilot Plassess CO2 flooding of existing wells, and this well be maintal available, should it e economic waste of processing the subject of the subje	well. An ongoing the comment of the	ng study to determined to begin later plementation of of new wells.	ension of long term shut-ing operation, ARCO cannot ermine the feasibility of may yield significant additional er this year as part of a CO2 flood would require For this reason, ARCO status so that the well-CO2 flood. This plan and promotes conservation.	
18. I hereby certify that	CIL COM. DI	THIS APPROVA	L EXPIRES <u>SEP</u>	011989	
SIGNED	75	TITLE Product	ion Supervisor	DATE 6/24/88	
APPROVED BYCONDITIONS OF AP	ni or State office use) PROVAL, IF ANT:	TITLE		AUC	

*See Instructions on Reverse Side

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