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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Federal <input type="checkbox"/>
5. State Oil & Gas Lease No. Navajo Tribe
7. Unit Agreement Name Gallup Horseshoe Unit
8. Farm or Lease Name Horseshoe Gallup
9. Well No. 135
10. Field and Pool, or Wildcat Horseshoe Gallup
12. County San Juan

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator Atlantic Richfield Company
3. Address of Operator P.O. Box 2197, Farmington, New Mexico
4. Location of Well UNIT LETTER L 2310 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 30-N RANGE 16-W N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

GR 5317', RKB 5322'

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Shut in injection well <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This single Upper Zone water injection well was shut in on April 30, 1967. It was shut in because it served two producing wells which were also shut in as uneconomical to produce. We expect to periodically test the two producing wells for change in capability. If an increase is noted, we may wish to resume injection in this well.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>B. J. Sartin</u>	TITLE <u>Dir. Prod. Supv.</u>	DATE <u>5/8/67</u>
APPROVED BY <u>Emory C. Cline</u>	TITLE <u>SUPERVISOR DIST. 3</u>	DATE <u>MAY 9 1967</u>
CONDITIONS OF APPROVAL, IF ANY:		