

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-B14245. LEASE DESIGNATION AND SERIAL NO.
14-08-0001-8200

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 ☐ GAS WELL ☐ OTHER ☒ Water Injection	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mtn.
2. NAME OF OPERATOR Atlantic Richfield Company	7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
3. ADDRESS OF OPERATOR Box 2197, Farmington, New Mexico	8. FARM OR LEASE NAME Horseshoe Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FSL & 1980' FWL (Unit N) Sec. 26	9. WELL NO. 175
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
15. ELEVATIONS (Show whether DF, RT, CM, etc.) GR 5532'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-31N, R-16W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETIONS ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING ☒ Shut in J.I. Well	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) _____	(Other) _____
(Other) _____		(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.)*

This Upper Zone injection well was shut in on June 1, 1967, as part of a program to determine effectiveness of water injection in the East area of the Horseshoe Gallup Field.



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

SIGNED

B. J. Santam

TITLE

Dir. Prod. Supv.

DATE

6/20/67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side