

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. 14-20-603-734
2. NAME OF OPERATOR ARCO Oil and Gas Company, Div. of Atlantic Richfield Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401	7. UNIT AGREEMENT 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 727'FNL, 702'FEL	8. FARM OR LEASE NAME HORSESHOE GALLUP
14. PERMIT NO.	9. WELL NO. 41
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5535' GL	10. FIELD AND POOL, OR WILDCAT HORSESHOE GALLUP
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 30, T-31N, R-16W
	12. COUNTY OR PARISH SAN JUAN
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	RELL 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 PLANS <input checked="" 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) <input type="checkbox"/>	

(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.) *

ARCO Oil and Gas Company respectfully requests approval for extension of long term shut-in status on this well. Over the past two years, ARCO has reactivated several previously uneconomic long term shut-in wells and found commercial production. In addition, an ongoing CO2 feasibility study is underway which may yield significant additional oil recovery. Implementation of a CO2 flood would require the workover of existing wells, and the drilling of new wells. For these reasons, ARCO proposes that this well be maintained in the long term shut-in status so that the wellbore will be available, should future production tests indicate commercial production or should it be needed as part of a future CO2 flood. This plan eliminates the economic waste of potentially usable wellbores and promotes conservation.

RECEIVED
JAN 2 1990
ON COAL DIV.
BUL. 3

THIS APPROVAL EXPIRES SEP 01 1990

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

SIGNED [Signature] TITLE Sr. Prod Supr

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 08/30/89

DEC 04 1989

DATE
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side