| Form 9-331<br>(May 1963)   | DEPART                                  | UNITED STATES<br>MENT OF THE INTER   | SUBMIT IN TRIPLICATE (Other instructions on relations werse side)          | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.             |
|--|---|--|--|--|
| <del></del>  |   | GEOLOGICAL SURVEY  |  | 14-20-600-3531   |
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| (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,) |   |  |  | Navajo-Ute Mountain  |
| OIL GAS C  |   |  |  | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR  |   |  |  | Horseshoe Gallup Unit 8. FARM OR LEASE NAME  |
| Atlantic Richfield Company 3. ADDRESS OF OPERATOR  |   |  |  | Horseshoe Gallup   |
| 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.)                               |   |  |  | 10.5<br>10. FIELD AND POOL, OR WILDCAT   |
| See also space 17 below.) At surface   |   |  |  | Horseshoe Gallup   |
| Unit L, 1924' FSL & 576' FWL, Sec. 20  |   |  |  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA  |
|  |   |  |  |  |
| 14. PERMIT NO.   |   | I I Bunganaya (Ch  |  | Sec. 20-31N-16W  |
| 14. PERSIII NO.  |   | 15. BLEVATIONS (Show whether I   |  | 12. COUNTY OF PARISH 13. STATE   |
|  | <del></del>                             | 5677'  |  | I San Juan   New Mexico  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  |   |  |  |  |
|  |   |  |  | QUENT REPORT OF:   |
| TEST WATER   | SHUT-OFF                                | PULL OR ALTER CASING   | WATER SHUT-OFF   | REPAIRING WELL   |
| FRACTURE TR  | EAT                                     | MULTIPLE COMPLETE  | FRACTURE TREATMENT   | ALTERING CASING  |
| SHOOT OR AC  | IDIZB                                   | ABANDON*   | SHOOTING OR ACIDIZING  | ABANDONMENT*   |
| REPAIR WELL  |   | CHANGE PLANS   | (Other)  | Extension Request  |
| (Other)  |   |  | Completion or Recom  | s of multiple completion on Well<br>pletion Report and Log form.)                          |
| 17. DESCRIBE PROI<br>proposed w<br>nent to this  | OIK II WEN IN UNIECE                    | ERATIONS (Clearly state all pertine ionally drilled, give subsurface loc   | nt details, and give pertinent dates<br>ations and measured and true verti | s, including estimated date of starting any<br>cal depths for all markers and zones perti- |
|  |   |  |  |  |
| This   | well was shu                            | t in because of low  | injection rate during  | June 1972.   |
|  |   |  |  | . 1 × 2 × 3  |
| This   | well is in a                            | large Unit which is  | now under waterflood   | operations. Future .   |
| plans are  | e to conduct w                          | waterflood and terti   | ary recovery studies.  | These studies may  |
| quire th   | n a revised wa                          | aterflood plan or in   | a tertiary recovery  | program that may re-   |
| reservoi   | r.                                      | werr in order to ter   | cover the maximum amo  | unt of oil from this   |
|  | , .                                     |  |  |  |
|  |   |  |  |  |
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|  |   |  |  | JUN 14 1076  |
|  | TEMADOCARY ST                           | Control of the state of the sta | <b>\</b>   | OIL CO.  |
|  | TEMPORARY ABA                           | ANDUNITED  | •  | NOT COM  |
|  | EXPIRES                                 | N 1 1977   | •  | 0,21 3   |
|  | •                                       | • •  |  |  |
| Two copies sent to New Mexico Oil Conservation Commission  |   |  |  |  |
| 18. I hereby certify that the foregoing is true and correct  |   |  |  |  |
| SIGNED W. A. VI. a that TITLE Operations Manager   |   |  |  | DATE 6/4/76  |
| (This space for  | W. A. Walther<br>or Federal or State of | ice use)   |  |  |
| APPROVED I   | BY                                      | TITLE  |  | DATE   |
|  | OF APPROVAL, IF                         |  |  | DAIB   |