WELL

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

GAS WELL

Atlantic Richfield Company

1.

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

<u>14-20-600-3531</u>

Injection

Location of Well (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)

At surface

Unit C, 660' f/North & 2030' f/West lines Section 17

1860 Lincoln Street, Suite 501, Denver, Colorado

OTHER

(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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain

. UNIT	AGREEMENT	NAME	
Man	Pocks	Callun	11-

Many Rocks Gallup Unit

8. FARM OR LEASE NAME

Many Rocks Gallup 9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA

Sec. 17-31N-16W

12. COUNTY OR PARISH | 13. STATE San Juan New Mexico

16.

14. PERMIT NO.

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

56891

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
				r	<del>-</del>	
EST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	_
RACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
HOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*	
EPAIR WELL		CHANGE PLANS		(Other) Shut In.	Extension Request	
Other)				(Note: Report results Completion or Recomp	s of multiple completion on Well bletion 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.)\*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection.

This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73.

This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.



TEMPORARY ADAMDORMENT

18. I hereby certify that the foregoing is true and co		vacion commission		
SIGNED W. A. Walther, Jr.		Operations Manager	DATE 6/04/76	
(This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE	