

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection		5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3531
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203		7. UNIT AGREEMENT NAME Many Rocks Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A, 360' f/North & 855' f/East lines Sec. 18		8. FARM OR LEASE NAME Many Rocks Gallup
14. PERMIT NO.		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5684'		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-31N-16W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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 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) <u>Shut In</u>	

(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.)*

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.

Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED

W. A. Walther, Jr.
W. A. Walther, Jr.TITLE Dist. Prod. & Drlg. Supt.DATE 10/18/74

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: