	n 9-331 y 1963)	UNITED STATE DEPARTMENT OF THE GEOLOGICAL SU	INTERIOR	SUBMIT IN TRIPLICATE (Other instructions on verse side)	5. LEASE DESIGNATION	eau No. 42-R1424. N AND SERIAL NO.	
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.)					6. IF INDIAN, ALLOTT	14-20-600-3530 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain	
	OIL GAS WELL SAME OF OPERATOR Atlantic Richf	Many Rocks 8. FARM OF LEASE NA	7. UNIT AGREEMENT NAME  Many Rocks Gallup Unit 8. FARM OR LEASE NAME  Many Rocks Gallup				
4,	ADDRESS OF OPERATOR  1860 Lincoln S  LOCATION OF WELL (Rep See also space 17 below. At surface  Unit N, 718' f	9. WELL NO.  13  10. FIELD AND POOL,  Many Rocks  11. SEC., T., R., M., OE	9. WELL NO.				
	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  5727				12. COUNTY OF PARIS		
16.	TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	Check Appropriate Box To rice of intention to:  Pull or alter casing multiple complete abandon* Change plans	Indicate Natur	SUBS  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Shut In., (NOTE: Report resu	REPAIRING ALTERING ABANDONM Extension Requilts of multiple completion multiple completion report and Log f	CASING ENT*	
17.	Unit prod stopped to red This well ment 1-23-73. This well Future plans a may result in	OMPLETED OPERATIONS (Clearly state reli is directionally drilled, give substance) is described as a conduct waterfload revised waterflood as of this well in order	7 BOPD which luate unit U.S.G.S. of lood oper lood and tending plan or in	calls, and give pertinent data and measured and true ver the control of the contr	tes, including estimated di tical depths for all marks economic limit. nout injection. emental Plan of n temporarily su studies. These overy program th	Injection  Develop-  spended.  studies  at may	

TEMPORARY ACAMOUNTAINS

EXPIRES JUN 1 7977



Two copies sent to New Mexico Oil Conservation Commission

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18. I hereby certify that the foregoing is t		( 01 7/
	TITLE Operations Manager	6-04-76
W. A. Walther,	<u> </u>	
(This space for Federal or State office	use)	
APPROVED BY		DATE