

Form 9-351
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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 ☐ GAS WELL ☐ OTHER ☒ Water Injection Wells		5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3530	
2. NAME OF OPERATOR Atlantic Richfield		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Nav.-Ute Mtn.	
3. ADDRESS OF OPERATOR Box 2197 Farmington, N. Mex.		7. UNIT AGREEMENT NAME Many Rocks Gallup Pro.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Many Rocks Gallup	
14. PERMIT NO.		9. WELL NO.	
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA	
		12. COUNTY OR PARISH San Juan	
		13. STATE N. Mex.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐
(Other) Shut-in Injection Wells		(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.)*

As per USGS approval, dated Jan. 23, 1973, of supplemental plan of development-- We have discontinued water injection as of March 29, 1973, on the following wells: #1, 2, 6, 8, 9, 12, & 13.



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

SIGNED R. R. Markel TITLE Acting Dir. Pro. Supv. DATE 4/2/73

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side