Copy

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse 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

2. NAME OF OPERATOR: Atlantic Richfield

3. ADDRESS OF OPERATOR: Box 2197 Farmington, N. Mex.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

5. LEASE DESIGNATION AND SERIAL NO.: 14-20-600-3530

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Nav.-Ute Mtn.

7. UNIT AGREEMENT NAME: Many Rocks Gallup Pro.

8. FARM OR LEASE NAME: Many Rocks Gallup

9. WELL NO.:

10. FIELD AND POOL, OR WILDCAT: Many Rocks Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA:

14. PERMIT NO.:

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

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) Shut-in Injection Wells				(Other)			

(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.

RECEIVED
APR 5 1973
OIL CON. COM.
DIST. 3

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

SIGNED R R Markham TITLE Acting Drlg. Pro. Supv. DATE 4/2/73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side