

Form 9-321
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 BLM. AND
SURVEY OR AREA

12. COUNTY OR PARISH

San Juan

13. STATE

N. Mex.

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

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

Shut-in Injection Wells

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 Markew

TITLE Acting Dir. Pro. Supv. DATE 4/2/73

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE _____

*See Instructions on Reverse Side