UNITED STATES SUBMIT IN TRIPLICATE.

Form approved.

DEPARTMENT OF THE I	5. LEASE DESIGNATION			
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.)		14-20-603-7314 6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO		
				1. OIL GAS C
WELL WELL OTHER 2. NAME OF OPERATOR		Horseshoe Gallup Unit		
Atlantic Richfield Company		Horseshoe Gallup Unit		
3. ADDRESS OF OPERATOR		9. WELL NO.	arrab our	
501 Lincoln Tower Bldg., 1860 Lincoln		295		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit *A** (NE NE) 50* f/North & 50* f/East lines Sec. 31			Horseshoe Gallup	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
API #30-01:5-22100		Sec. 31-31N-16W		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE		
Mr. P. T. McGrath 6/7/76 5430' GI	.; 5441 KB	San Juan	New Mexico	
16. Check Appropriate Box To In	dicate Nature of Notice, Report, or (Other Data		
NOTICE OF INTENTION TO:		UENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	WELL	
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C.		
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONME		
REPAIR WELL CHANGE PLANS (Other)	(Note: Report result	st surface casing sof multiple completion	on Well	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state a proposed work. If well is directionally drilled, give subsu	Completion or Recomp	oletion Report and Log for	rm.)	
Ran 3 jts, 118.33°, 8-5/8°OD 21# K w/ 120 sx Class °B° w/ 2% CaCl, pl Nippled up, installed BOP. Tested started drilling out 6:15 p.m. 8/2 8/3/76 Drilling ahead @ 730°. 7-	ug down 12:15 m a.m. 8/2/7 blind & pipe rams to 800# /76.	6. WOC.		
of 57 to Diffing anead @ 150% [=	ollo, nore•	•		
	!	Manietani .	. 9	
	!	ALLO INT	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	* }	AUG UN	•	
	1		mymy .	
	·	U. Sa		
•	1	•		
18. I hereby certify that the foregoing is true and correct		·		
110 11 11/1 0 1	TLE Operations Manager	B/3/	76	
(This space for Federal or State office use) /m				
APPROVED BY TIT	TLE	DATE		
CONDITIONS OF APPROVAL, IF ANY:				