

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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	5. LEASE DESIGNATION AND SERIAL NO. 14-08-0001-8200
2. NAME OF OPERATOR Atlantic Richfield Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Ute Mtn.
3. ADDRESS OF OPERATOR Box 2197 Farmington, New Mexico	7. UNIT AGREEMENT NAME Horseshoe Gallup Uni
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990'FSL and 330'FSL (Unit P) Sec. 9	8. FARM OR LEASE NAME Horseshoe Gallup Uni
14. PERMIT NO.	9. WELL NO. 274
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5397'	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9 T. 30N. R. 16W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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) Shut In	X		

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.)*

We propose to cease water injection in this well effective September 30, 1968. It appears that injection in the upper Gallup zone in this well is no longer necessary to support production in this area. However, if any adverse effect on production is noted we expect to resume injection.



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

SIGNED B. J. Sartin

TITLE Dir. & Prod. Supv.

DATE 9/27/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Instructions

General: This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, or all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and regulations, either as shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements on Federal or Indian land, should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 7: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones, with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth in top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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250 Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

ABANDONMENT NOTICE AND REPORT ON WELLS

This form is to be filled out by the operator of a well to be abandoned, and is to be submitted to the local Federal and/or State office for approval.

Check appropriate box to indicate Nature of Notice Report of

WATER REMOVAL
ABANDONMENT
CLOSING OF WELLS
()

WELL OF AREA
WELL OF AREA
WELL OF AREA

WELL OF AREA
WELL OF AREA
WELL OF AREA

DATE

Handwritten signature

(This space is for signature of State office use)

DATE

APPROVED BY _____
COMMISSIONER OF GEOLOGY AND MINES