

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		5. LEASE DESIGNATION AND SERIAL NO. 14-06-0001-8200
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Ute Man.
3. ADDRESS OF OPERATOR Box 2197 Farmington, New Mexico		7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FSL & 1980' FSL (Unit J) Sec. 9		8. FARM OR LEASE NAME Horseshoe Gallup Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5285'	9. WELL NO. 275
		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
		11. SEC. T. R. M., OR ALK. AND SURVEY OR AREA Sec. 9 T. 30N. R. 16W
		12. COUNTY OR PARISH, U. S. STATE San Juan 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	☒	(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.)*

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 not necessary to support production in this area. However, if any adverse effect is noted, we expect to resume injection.



RECEIVED

SEP 30 1968

U. S. GEOLOGICAL SURVEY

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

SIGNED B. J. Saxton TITLE Dir. & Prod. Supv. DATE 9/27/68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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 practices, either are 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, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: 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 to top of any left in the hole; method of closing top of well and date well left conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1947-O-686229
947-881



UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

ABANDONMENT NOTICES AND REPORTS ON WELLS

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

1. NAME OF OPERATOR
2. ADDRESS OF OPERATOR
3. LOCATION OF WELL (Section, Township, Range, and Meridian, and also section, if known)
4. PERMIT NO.

5. TEST WELLS (If any)
6. TEST WELLS (If any)
7. TEST WELLS (If any)
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