

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 2. NAME OF OPERATOR <u>Atlantic Richfield Company</u> 3. ADDRESS OF OPERATOR <u>1860 Lincoln Street, Suite 501, Denver, Colorado 80203</u> 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>Unit 1, 2182' f/South & 534' f/East lines, Sec. 9</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>14-08-0001-8200</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Federal</u> 7. UNIT AGREEMENT NAME <u>Horseshoe Gallup Unit</u> 8. FARM OR LEASE NAME <u>Horseshoe Gallup</u> 9. WELL NO. <u>272</u> 10. FIELD AND POOL, OR WILDCAT <u>Horseshoe Gallup</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 9-30N-16W</u> 12. COUNTY OR PARISH 13. STATE <u>San Juan</u> <u>New Mexico</u>
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <div style="text-align: center;">5422</div>		

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <u>Shut In</u>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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(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.)*

The well was shut 1-1-68 because it was only producing 2 BOPD and 16 BWPD and thus was not economical to operate. U.S.G.S. approval was dated 12-22-67.

This well is in a large Unit which is under waterflood operations. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.



Two (2) copies sent to New Mexico Oil Conservation Commission

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

SIGNED W. A. Walther Jr. TITLE Dist. Prod. & Drlg. Supt. DATE 10-22-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: