

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Injection Well
2. NAME OF OPERATOR ARCO Oil and Gas Co., Div.
of Atlantic Richfield Company
3. ADDRESS OF OPERATOR 707-17th Street,
P.O. Box 5540, Denver, Co. 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.) (Unit N) SE SW,
AT SURFACE: 660' FSL & 3300' FEL, Sec. 4
AT TOP PROD. INTERVAL: Appx. same
AT TOTAL DEPTH: Appx. same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) X -Polymer Injection

SUBSEQUENT REPORT OF:

- ☐
☐
☐
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☐
☐
☐
☐

RECEIVED
AUG 19 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
DECEMBER 10 1983
OIL CON. DIV. 1
DIST. 3

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.)*

ARCO Oil and Gas Company desires to implement a polymer augmented waterflood in the Horseshoe Gallup Unit in an area that is currently being waterflooded. This well is one of eight wells in which we propose to inject polymer to recover additional oil not attainable through normal waterflooding.

We made application with the State of New Mexico (Form C-108, ("Application for Authorization to Inject"), to inject polymer into this well.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Stephen Rose TITLE Dist. Prod. Supt. DATE August 16, 1983
S. C. Rose

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE AUG 19 1983
CONDITIONS OF APPROVAL IF ANY: Boled more for
IN THE LAND
AREA MANAGER