

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

**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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR ARCO Oil and Gas Company, Div. of Atlantic Richfield Co.</p> <p>3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1810'FSL, 760'FEL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-081226</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO</p> <p>7. UNIT AGREEMENT NAME HORSESHOE GALLUP UNIT</p> <p>8. FARM OR LEASE NAME HORSESHOE GALLUP</p> <p>9. WELL NO. 249</p> <p>10. FIELD AND POOL, OR WILDCAT HORSESHOE GALLUP</p> <p>11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA SEC 3, T-30N, R-16W</p> <p>12. COUNTY OR PARISH   13. STATE SAN JUAN   NM</p>
<p>15. ELEVATIONS (Show whether DF, ET, GR, etc.) 5696' GL</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	

(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.)\*

ARCO Oil and Gas Company respectfully requests approval for extension of long term shut-in status on this well. Over the past two years, ARCO has reactivated several previously uneconomic long term shut-in wells and found commercial production. In addition, an ongoing CO2 feasibility study is underway which may yield significant additional oil recovery. Implementation of a CO2 flood would require the workover of existing wells, and the drilling of new wells. For these reasons, ARCO proposes that this well be maintained in the long term shut-in status so that the wellbore will be available, should future production tests indicate commercial production or should it be needed as part of a future CO2 flood. This plan eliminates the economic waste of potentially usable wellbores and promotes conservation.

**RECEIVED**

JAN 02 1990

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES

SEP 01 1990

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

SIGNED *A. Royne* TITLE Sr. Prod Supr

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

<b>APPROVED</b>	
DATE	08/30/89
DATE	DEC 01 1989
AREA MANAGER FARMINGTON RESOURCE AREA	

\*See Instructions on Reverse Side