

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
14-08-0001-8200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo

7. UNIT AGREEMENT NAME  
Horseshoe Gallup Unit

8. FARM OR LEASE NAME  
Horseshoe Gallup

9. WELL NO.  
130

10. FIELD AND POOL, OR WILDCAT  
Horseshoe Gallup - Gallup

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec. 6-30N-16W

12. COUNTY OR PARISH San Juan	13. STATE New Mexico
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back wells in different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER  Water Injection

2. NAME OF OPERATOR  
Atlantic Richfield Company

3. ADDRESS OF OPERATOR  
1860 Lincoln Street, Suite 501, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
Unit H, 1650' FNL & 330' FEL, Sec. 6-30N-16W

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, ET, OR, etc.)  
5352' GR

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

This well was shut-in during April, 1967 to change the pattern of injection and observe the effect on production.

This well is in a large unit which is now 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.

U.S.G.S. approval to shut-in well May 8, 1967.

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 10-18-74  
W.A. Walther, Jr.

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: