

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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-Ute Mtn.

7. UNIT AGREEMENT NAME

Horseshoe Gallup Unit

8. FARM OR LEASE NAME

Horseshoe Gallup

9. WELL NO.

225

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup-Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 3, T-30N R-16W

12. COUNTY OR PARISH

San Juan

13. STATE

N. M.

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 ☐ GAS ☐
WELL WELL OTHER Water Injection

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

Box 2197 Farmington, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

920' FNL & 2245' FWL (Unit C) Sec 3

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 5666', RKB 5675

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

Shut in

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

X

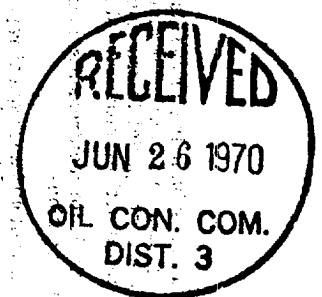
SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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 perti-
nent to this work.)*

We propose to cease injection in this well as uneconomical to operate. The production supported by this well is not sufficient to justify continued injection. Part of the water normally injected in this well will be transferred to a well nearer the center of the field. Perforations open are 1522'-1562' & 1640'-1656'. If any adverse effect on oil production is noted we will probably want to resume injection in this well.



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

SIGNED B. J. SartinTITLE Drlg. - Prod. SupvDATE 6/16/70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____