

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-71424.

5. LEASE DESIGNATION AND SERIAL NO.

14-08-0001-8200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Use Mtn.

7. UNIT AGREEMENT NAME

Horseshoe Gallup Unit

8. FARM OR LEASE NAME

Horseshoe Gallup Unit

9. WELL NO.

229

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec. 2, T. 30N, R. 16W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mex.

1.

OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

Box 2197, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

720' FNL & 2040' FEL (Unit B) Sec. 2

14. PERMIT NO.

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

GR 5627'

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Shut in W.I. Well

(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 Upper Zone injection well was shut in on June 1, 1967, as part of a program to determine effectiveness of water injection in the East area of the Horseshoe Gallup Field.



RECEIVED

JUN 21 1967

U. S. GEOLOGICAL SURVEY

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

SIGNED

B. J. Sartain

TITLE

Dir. Prod. Supv.

DATE

6/20/67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side