

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

E-3150-4

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
State of New Mexico

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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection		7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME Horseshoe Gallup
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203		9. WELL NO. 227
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit D, 660' f/North & 660' f/West lines, Sec. 2		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2-30N-16W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5667'		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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.)

Production supported by this well makes it uneconomical to operate. The well was shut in 6-12-70.

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.

RECORDED
OCT 31 1974
U. S. GEOLOGICAL SURVEY

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. & Drilg. Supt. DATE 10/21/74
W. A. Walther, Jr.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: