UNITED STATES

	3. LLASE
DEPARTMENT OF THE INTERIOR	SF-079439-A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different	Horseshoe Gallup Unit
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas G	Horseshoe Gallup Unit
well gas other Injection Well	9. WELL NO.
2. NAME OF OPERATOR ARCO Oil and Gas Co., Div.	221
of Atlantic Richfield Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 707-17th Street,	Horseshoe Gallup
P.O. Box 5540, Denver, Co. 80217	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) (Unit B) NW NE,	Sec. 4 -T30N-R16W
AT SURFACE: 330' FNL & 2160' FEL , Sec. 4	12. COUNTY OR PARISHI 13. STATE
AT TOP PROD. INTERVAL: Appx, same	San Juan New Mexico -
AT TOTAL DEPTH: Appx. same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	None
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5371' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	IE
TEST WATER SHUT-OFF	-0
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	MANAGEMENT PROPERTY OF THE PRO
REPAIR WELL	MANOTE: Report results of multiple completion of zone
PULL OR ALTER CASING T	change on Form 9–330.)
MULTIPLE COMPLETE	AUG 3 3 .500
CHANGE ZONES	AUU J D Jest
ABANDON*	OIL CON. DIV.
(other) X -Polymer Injection	DIST. 9
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates,
including estimated date of starting any proposed work. If well is di	irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinen	it to this work.)*
7000 011 C C 1 ' '	
ARCO Oil and Gas Company desires to imp	Tement a polymer augmented
waterflood in the Horseshoe Gallup Unit	in an area that is currently
being waterflooded. This well is one of	eight wells in which we pro-
pose to inject polymer to recover addit through normal waterflooding.	ional oil not attainable
enrough normal waterirouding.	
We made application with the Ctate of N	ou Mouring / Harm G 100
We made application with the State of N	ew Mexico(Form C-108,
("Application for Authorization to Injecthis well.	c), to inject polymer into
CUITO MCTI.	

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft. 18. I hereby certify that the foregoing is true and correct TITLE Dist. Prod. SuptoATE August SIGNED (This space for Federal or State office use) DATE TITLE .

APPROVED BY CONDITIONS OF APPROVAL IF ANY: