

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	89 MAY 15 AM 11:47	7. UNIT AGREEMENT NAME Hosershoe Gallup Unit
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Company	FARMINGTON, NM	8. FARM OR LEASE NAME Horseshoe Gallup
3. ADDRESS OF OPERATOR 1816 E. Mojave Farmington, NM 87401	RECEIVED	9. WELL NO. 202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	MAY 18 1989	10. FIELD AND POOL, OR WILDCAT Gallup, Horse Shoe
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 1900' FSL & 1890' FWL 5382' GL 5389' DF	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 34, T31N, R16W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Well Activation

(Other)

(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 reactivated on 5/8/89 due to improving economic conditions. The well was listed as a long term shut-in prior to this date.

RECEIVED
MAY 31 1989
OIL CON. DIV
DIST. 3

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

SIGNED

TITLE Production Supervisor

DATE 5/11/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side