

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"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-1951
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL, 660' FEL		8. FARM OR LEASE NAME Horseshoe Gallup
14. PERMIT NO.		9. WELL NO. 200
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5359' GL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-31N, R-16W
		12. COUNTY OR PARISH San Juan
		13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL 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 PLANT	<input checked="" 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 type="checkbox"/>		

(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.)\*

ARCO Oil and Gas Company respectfully requests approval of long term shut-in status on this well. At this time, under the current waterflood operation, ARCO cannot economically operate the subject well. An ongoing study to determine the feasibility of CO<sub>2</sub> flooding for the Horseshoe Gallup Field is underway, which may yield significant additional oil recovery. Implementation of a CO<sub>2</sub> flood would require the workover of existing wells, and the drilling of new wells. For this reason, ARCO proposes that this well be maintained in the long term shut-in status so that the wellbore will be available, should it be needed as part of a future CO<sub>2</sub> flood. This plan eliminates the economic waste of potentially usable wellbores, and promotes conservation.

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Supervisor</u>	DATE <u>6/30/87</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ACTING</u>	DATE <u>JUL 6 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side