

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas well ☐ other ☒ - Injection

2. NAME OF OPERATOR ARCO Oil & Gas Co., Div. of
Atlantic Richfield Company

3. ADDRESS OF OPERATOR 707-17th Street,
P.O. Box 5540, Denver, CO 80217

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.) Unit "F"
AT SURFACE: 2105' FNL & 2105' FWL, Sec. 35
AT TOP PROD. INTERVAL: Appx. same
AT TOTAL DEPTH: Appx. same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

| | | |
|----------------------|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE
14-20-604-1950

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mountain

7. UNIT AGREEMENT NAME
Horseshoe Gallup Unit

8. FARM OR LEASE NAME
Horseshoe Gallup Unit

9. WELL NO.
196

10. FIELD OR WILDCAT NAME
Horseshoe Gallup Unit

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 35-31N-16W

12. COUNTY OR PARISH: 13. STATE
San Juan New Mexico

14. API NO.
None Assigned

15. ELEVATIONS (SHOW OF, KDS, AND WD)
5647' GR

(NOTE: Report results of multiple completion or zone
change on Form 9-330.)

050 27 1983

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 has plugged and abandoned the subject well in accordance with the Sundry Notice dated December 30, 1982, and approved by the BLM-MMS on January 13, 1983. Injection interval 1568' - 1571', Gallup fm. Spotted cement plugs as per the attached plugging operations report.

Completed P & A, 8-2-83.

Final restoration will be commenced as soon as weather permits. An additional subsequent report will be filed when restoration has been completed.

RECEIVED

APR 01 1987

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Stephen Rose TITLE Dist. Prod. Supt. DATE November 30, 1983
S. C. Rose

(This space for Federal or State office use)

APPROVED BY L. Mark Hollis TITLE ACTING AREA MANAGER DATE MAR 31 1987
CONDITIONS OF APPROVAL, IF ANY: