

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.

14-20-604-1951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo - Ute Mtn.

7. UNIT AGREEMENT NAME

Horseshoe Gallup

8. FARM OR LEASE NAME

Horseshoe Gallup

9. WELL NO.

4-W

10. FIELD AND POOL, OR WILDCAT

Horseshoe

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34-31N-16W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ Water Supply Well

2. NAME OF OPERATOR
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 501, Denver, CO 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface:

NW SW (Unit L)
2390' FSL and 738' FWL Sec. 34

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)

GR 5379'

16. 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 COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Operator Name Change ☒

(Other) Operator Name Change ☒

(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.) *

To indicate change in name of Operator to ARCO Oil and Gas Company, Division of Atlantic Richfield Company, assumed name for formerly Atlantic Richfield Company, effective April 1, 1979.

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

SIGNED

G. Ray Cooper

TITLE

Accounting Supervisor

DATE

3-20-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: