| Form | 9-331 |
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| (May | 1963 |

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATE* (Other instructions on reduction of the instruction of th

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| GEOLOGICAL SURVEY | 14-20-603-734 |
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| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different re Use "APPLICATION FOR PERMIT—" for such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 1. | Navajo Tribal 7. UNIT AGREEMENT NAME |
| WE'LL GAS GENER Temporarily Abandoned 2. NAME OF OPERATOR | Horseshoe Gallup Unit |
| ARCO Oil and Gas Company, Division of Atlantic Richfi 3. ADDRESS OF OPERATOR | eld Horseshoe Gallup Unit Company 9. WELL NO. |
| 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.) | 10. FIELD AND POOL, OR WILLCAT |
| At surface | Horseshoe Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| Unit E - 1980' FNL and 697' FWL, Sec. 31 | Sec. 31-31N-16W |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| GR 5496.7' | San Juan New Mexico |
| Check Appropriate box to indicate trature of trotice, | 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 TR | |
| REPAIR WELL CHANGE PLANS (Other) | perator Name Change X |
| (Note: | Report results of multiple completion on Well tion or Recompletion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give proposed work. If well is directionally drilled, give subsurface locations and measured inent to this work.) | portinent dates including estimated date of starting and |
| To indicate change in name of Operator to ARCO Oil an Atlantic Richfield Company, assumed name for formerly effective April 1, 1979. | d Gas Company, Division of Atlantic Richfield Company, |
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| | ** |
| | |
| 18. I hereby certify that the foregoing is true and correct SIGNED TITLE Accounting | MARSS COLUMN COL |
| . Kay Cooper | Supervisor DATE 3-20-79 |
| (This space for Federal or State office use) APPROVED BY | י איז איז איז איז איז איז איז איז איז אי |
| CONDITIONS OF APPROVAL, IF ANY: | DATE |

*See Instructions on Reverse Side

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