

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
14-03-0001-2200

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	7. UNIT AGREEMENT NAME Horseshoe Gallup Unit
2. NAME OF OPERATOR Atlantic Richfield Company	8. FARM OR LEASE NAME Horseshoe Gallup Unit
3. ADDRESS OF OPERATOR Box 2197, Farmington, New Mexico	9. WELL NO. 186
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 610 FNL & 2000' FEL (Unit B) Sec. 35	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
14. PERMIT NO.	11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec. 35, T-31N, R-16W
15. ELEVATIONS (Show whether DF, ST, GR, etc.) GR 5522'	12. COUNTY OR PARISH San Juan
	13. STATE New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT? <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Shut in W.I. Well	
(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.)*

This Upper Zone injection well was shut in on June 1, 1967, as part of a program to determine effectiveness of water injection in the East area of the Horseshoe Gallup Field.



RECEIVED

JUN 20 1967

GEOLOGICAL SURVEY

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

SIGNED W. J. SartainTITLE Dir. Prod. Supv.DATE 6/20/67

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side