

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 ☐ GAS WELL ☐ OTHER ☒ X-Water Injection		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-734	
2. NAME OF OPERATOR ARCO Oil and Gas Company, Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR 707-17th Street, P.O. Box 5540, Denver, CO 80217		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 Unit "F", 1724' FNL & 2067' FWL, Section 31 (No API# assigned)		8. FARM OR LEASE NAME Horseshoe Gallup Unit	
14. PERMIT NO.		9. WELL NO. 29	
15. ELEVATIONS (Show whether SP, ST, GR, etc.) 5554' GL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-31N-16W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐

(Other) Change of Status-Resume Injection

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐

(Other) _____

(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.) *

JUL 10 1985

Change of Status

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

This is to advise that the subject well resumed active injection status on April 5, 1985, and will continue to be injected into periodically.

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

SIGNED Stephen Rose
S. C. ROSE /BRS

TITLE Dist. Prod. Sup't.

DATE July 5, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 1-8-1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY Sin