

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R7424.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-734

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

Horseshoe Gallup

8. FARM OR LEASE NAME

Horseshoe Gallup W

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec. 30-31N-16W

12. COUNTY OR PARISH 13. STATE

San Juan

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
SE SE (Unit P)
369' FSL and 64' FEL Sec. 30

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 5445'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Operator Name Change

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

(Other) X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Operator Name Change

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

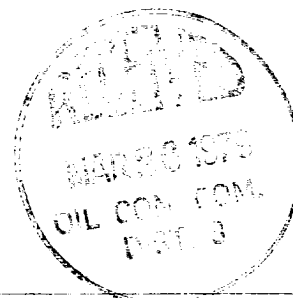
ALTERING CASING ☐

ABANDONMENT* ☐

(Other) X

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:

n-moc

*See Instructions on Reverse Side