(Formerly 9-331) DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

7. UNIT AGREEMENT NAME: Horseshoe Gallup Unit

2. NAME OF OPERATOR: ARCO Oil & Gas Company, Division of Atlantic Richfield Co.

8. FARM OR LEASE NAME: Horseshoe Gallup

3. ADDRESS OF OPERATOR: 1816 E. Mojave, Farmington, NM 87401

9. WELL NO.: 12

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT: Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 29, T-31N, R-16W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5399' GL

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	X
(Other)			

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.)*

ARCO Oil and Gas Company respectfully requests approval to activate the subject well. Due to the recent activation of Horseshoe Gallup Unit #38, ARCO can economically operate the injection well due to the added waterflood support of the four offset producers (#38, #39, #44, #45). The well will be activated effective 2/9/88.

OIL CON. DIV.

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

SIGNED [signature] TITLE Production Supervisor DATE 2/9/88

(This space for Federal or State office use)

APPROVED BY ____________ TITLE ____________ DATE ____________

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the