

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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 Injection Well

2. NAME OF OPERATOR  
ARCO Oil and Gas Company, Div. of Atlantic Richfield Co.

3. ADDRESS OF OPERATOR  
1816 E. Mojave, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1650'FSL, 330'FWL

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether OF, ST, GR, etc.)  
5622' GL

5. LEASE DESIGNATION AND SERIAL NO.  
14-20-604-1951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
UTE MTN.

7. UNIT AGREEMENT NAME  
HORSESHOE GALLUP UNIT

8. FARM OR LEASE NAME  
HORSESHOE GALLUP

9. WELL NO.  
162

10. FIELD AND POOL, OR WILDCAT  
HORSESHOE GALLUP

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA  
SEC 27, T-31N, R-16W

12. COUNTY OR PARISH  
SAN JUAN

13. STATE  
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

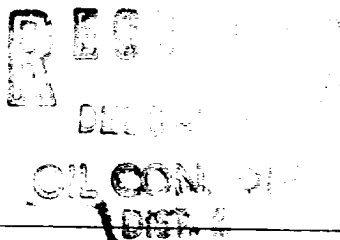
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)\*

ARCO Oil and Gas Company respectfully requests approval for extension of long term shut-in status on this well. Over the past two years, ARCO has reactivated several previously uneconomic long term shut-in wells and found commercial production. In addition, an ongoing CO2 feasibility study is underway which may yield significant additional oil recovery. Implementation of a CO2 flood would require the workover of existing wells, and the drilling of new wells. For these reasons, ARCO proposes that this well be maintained in the long term shut-in status so that the wellbore will be available, should future production tests indicate commercial production or should it be needed as part of a future CO2 flood. This plan eliminates the economic waste of potentially usable wellbores and promotes conservation.



APPROVED FOR A PERIOD  
NOT TO EXCEED 180 DAYS

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

SIGNED [Signature]

TITLE Sr. Prod Supr

DATE 08/30/89

(This space for Federal or State office use)

APPROVED BY L. Mark Hollis

TITLE ACTING AREA MANAGER

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Unocd

\*See Instructions on Reverse Side