

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-734
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401	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 1980' fsl 660' FWL	8. NAME OR LEASE NAME Horseshoe Gallup
14. PERMIT NO.	9. WELL NO. 11
15. ELEVATIONS (Show whether sv, ht, or, etc.) 5426' GL	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., N., OR S.W., AND SURVEY OR AREA Sec. 29, T-31N, R-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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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 to activate the subject well. ARCO can economically operate the injection well due to the added waterflood support of the three offset producers (#39, #45, #46). The total injection in Horseshoe Gallup Unit #11 will be approximately 75 BWPD. The injected fluid will be a mix of produced water from the Horseshoe Gallup Unit "B" producing wells and the Horseshoe Gallup Unit #2W water supply well. The BLM Monthly Report of Operations (Form 3160-6) will list the legal location, lease number, formation from which each well produces, and the amount of produced water that each well at Horseshoe Gallup Unit produces.

RECEIVED

CHECKED

RECEIVED
BLM TRAIL ROOM
88 MAY 10 PM 12:55
FARMINGTON, NEW MEXICO

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

SIGNED [Signature]

TITLE Production Supervisor

(This space for Federal or State office use)

DATE 5/5/88

APPROVED
AS AMENDED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

a subsequent report is required within 15 days following activation of the well.

See Instructions on Reverse Side

NMUCO

JUN 02 1988
James E. Edwards Jr.
AREA MANAGER