

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> <u>Water Supply Well</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-600-3431</u>
2. NAME OF OPERATOR <u>ARCO Oil and Gas Company, Division of Atlantic Richfield</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo - Ute Mtn.</u>
3. ADDRESS OF OPERATOR <u>1860 Lincoln St. - Suite 501, Denver, CO 80295</u>	7. UNIT AGREEMENT NAME <u>Many Rocks Gallup project</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>SE NW (Unit 7) 2253' FNL and 1865' FWL Sec. 17</u>	8. FARM OR LEASE NAME <u>Many Rocks Gallup</u>
14. PERMIT NO.	9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>GR 5710'</u>	10. FIELD AND POOL, OR WILDCAT <u>Many Rocks Gallup</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 17-31N-16W</u>
	12. COUNTY OR PARISH <u>San Juan</u> 13. STATE <u>New Mexico</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Operator Name Change</u> <input checked="" type="checkbox"/>	
(Other) <u>Operator Name Change</u> <input checked="" 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.)\*

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:

\*See Instructions on Reverse Side