

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injection		5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-1951	
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain	
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 Unit C 635' FNL & 3245' FEL Sec. 28		8. FARM OR LEASE NAME Horseshoe Gallup Unit	
14. PERMIT NO.		9. WELL NO. 147	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5750' GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-31N, R-16W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N.M.	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) *

This is to notify you that the surface reclamation and final abandonment is completed for this well. The location will not require any reseeding. This will constitute our final notice on this well.

ACCEPTED FOR RECORD

APR 1 1987

Montrose DISTRICT
BY *Scott*

APR 1 1987

NOV 25 1987

WELL DIV.]

NOV 23

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

SIGNED *Richard O. Lewis* TITLE Production Supervisor DATE 3/25/87

(This space for Federal or State office use)

APPROVED BY *L. Mark Hollis* TITLE ACTING AREA MANAGER DATE NOV 24 1987

CONDITIONS OF APPROVAL, IF ANY:

DURANGO OFFICE

*See Instructions on Reverse Side

N.M.C.D.