

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 660'FNL, 417'FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, ET, GR, etc.) 5467' GL

5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-734	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO	
7. UNIT AGREEMENT NAME HORSESHOE GALLUP UNIT	
8. FARM OR LEASE NAME HORSESHOE GALLUP	
9. WELL NO. 33	
10. FIELD AND POOL, OR WILDCAT HORSESHOE GALLUP	
11. SEC., T., R., W., OR B.L.E. AND SURVEY OR AREA SEC 29, 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:		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 checked="" type="checkbox"/>	(Other) <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.

RECEIVED
JAN 02 1990

THIS APPROVAL EXPIRES **SEP 01 1990** OIL CON. DIV.
DIST. 3

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

SIGNED W. J. Cayin TITLE Sr. Prod Supr

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 08/30/89

DATE DEC 04 1989

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side