



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 GAS WELL OTHER

2. NAME OF OPERATOR
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
Box 2197, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1650' FSL & 1555' FVL (NE SW) Section 7

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 7073'

5. LEASE DESIGNATION AND SERIAL NO.
14-20-151-5

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Southern Ute

7. UNIT AGREEMENT NAME
Southern Ute

8. FARM OR LEASE NAME
Southern Ute

9. WELL NO.
7-1 32-7

10. FIELD AND POOL, OR WILDCAT
Ignacio Blanco

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T-32N, R-7W

12. COUNTY OR PARISH
La Plata

13. STATE
Colorado

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) Tubing Repair <input checked="" type="checkbox"/>	
(Other) _____			

(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.)*

On 7/24/67 moved in & rigged up workover rig. Pulled Mass Verde and Dakota tubing strings. Repaired leak in Dakota tubing and returned to production on 7/31/67.

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

SIGNED B. J. Sastain TITLE Dir. Prod. Supv. DATE 9/1/67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE SEP 1 1967

CONDITIONS OF APPROVAL, IF ANY: _____

COLO. OIL & GAS COMM.

*See Instructions on Reverse Side

727 GOVERNMENT BLDG
 RECEIVED
 SEP - 7 1967
 COLO. OIL & GAS CONS. COMM.
 DVR
 FJP
 HHM
 JAM
 ND
 SEP 1 1967
 [Signature]