

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 623	
2. NAME OF OPERATOR James P. Woosley		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 1227, Cortez, CO 81321		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 350' FNL & 765' FNL		8. FARM OR LEASE NAME Federal	
14. PERMIT NO. Oct. 2, 1976		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, or, etc.) 6265 3L		10. FIELD AND POOL, OR WILDCAT W.C	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18; T19N R13W NW1/4 NW1/4		12. COUNTY OR PARISH McKinley	
		13. STATE NM	

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U.S. GEOLOGICAL SURVEY
FARMINGTON, 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.)*

Plugged as follows:

1. set cement plug from 2010' back to 1700' with 39 sks.
2. left all 5 1/2" casing in hole; which was cemented to surface
3. staged mud from 1700' back to 30'
4. set cement from 30' to surface with 4 sks.
5. cleaned up around location & placed plug & abandon marker in casing with 1 sks.
6. covered cement @ base of casing with soil & level for reseeding
7. will reseed location between July 1 & sept. 15

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NOV 26 1984
OIL CON. DIV.
DIST. 3

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

SIGNED James P. Woosley TITLE operator DATE 12/12/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

APPROVED
AS AMENDED

Approved as to plugging of the well bore.

Liability under bond is retained until Instructions on Reverse Side surface restoration is completed.

OCT 23 1984

M. MILLENBACH
AREA MANAGER