

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
WTR Oil Company

3. ADDRESS OF OPERATOR
Drawer LL, Cortez, Co. 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 750'FNL 2230'FEL Sec. 34-32N-17W
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

X Converted Shut In Well to an Injection Well.

5. LEASE
14-20-603-5013

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo M

9. WELL NO.
7

10. FIELD OR WILDCAT NAME
Many Rocks - Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
B-Sec. 34-32N-17W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5882GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

We pulled the pump and rods out of said well, leaving the tubing in place.
We are injecting through the tubing and casing through the existing perforations at 1678 - 1683 feet into the Gallup Formation.

This work was completed on 11-2-81.

Subsurface Safety Valve: Manu. and Type _____

ACCEPTED FOR RECORD

Set @ _____ Ft.

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

SIGNED Lee C. Searcy TITLE Office Manager

DATE 11-10-81

(This space for Federal or State office use)

BY 123

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC