

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, Colo 81321  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660'FNL-660'FEL Sec 34, T32N, R17W  
AT SURFACE: 5931  
AT TOP PROD. INTERVAL: 1762'  
AT TOTAL DEPTH: 1792'

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:

☐  
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☐  
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U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

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.  
9  
10. FIELD OR WILDCAT NAME  
Many Rocks Gallup  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660'FNL-660'FEL Sec 34 T32N, R17W  
12. COUNTY OR PARISH San Juan  
13. STATE New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5931

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 rods, pump and tubing. Ran string of 2 3/8" tubing with R-4 Packer back in to 1750' and set packer. Treated with 1000 Gal. 15% HYD Acid with 1 Gal - HAF50. We displaced with 1250 Gal. w/ 2% KCL water. Swabbed the displaced water and acid out. Pulled tubing and packer. Ran 2 3/8" tubing pump and rods back in and put back on production. Job was completed on 3/24/82.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Dr. E. Seary TITLE Office Manager DATE 12-14-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 16 1982

\*See Instructions on Reverse Side

FARMINGTON  
BY AK

NMOCC

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OIL CON. DIV.  
DIST. 3