UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	14-20-603-5013
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEI	Navajo Tribe
CUMPRY NOTICES AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. OTTI NORCEMENT MAINE
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
•	Navajo M
1. oil gas cother sell well other	9. WELL NO.
2. NAME OF OPERATOR	12
WTR OIL COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Many Rocks - Gallup
Drawer LL, Cortez, Colo 81321	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	C-34-32-17
AT SURFACE: 560'FNL, 2180 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan N.M.
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	24. /11 110.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5482 DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	J482 DF
TEST WATER SHUT-OFF	
FRACTURE TREAT	EIVED
SHOUL OR ACIDIZE	•
REPAIR WELL U U PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone Change on Form 9-330.)
PULL OR ALTER CASING	To c change on Form 9-330.)
	OGICAL SURVEY
ABANDON*	GTON, N. M.
(other) X Converted inje	ction well to producing well.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner We have completed all the work in the proposed work. If well is depths for all markers and zones pertiners.	lirectionally drilled, give subsurface locations and nt to this work.)* al approved June 30, 1981.
We have tested the well and it produced 8 BB TSTM Gas M.C.F.	LS Oil - 60 BBLS Water -
	NOV 5 - 1981 OIL CON. COM
Subsurface Safety Valve: Manu. and Type	Sen COM. Ft.
18. I hereby certify that the foregoing is true and correct	31.8
SIGNED Leaven TITLE Office Manager DATE 10-26-81	
(This space for Federal or State office use)	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	

*See Instructions on Reverse Side