Form 9–331
Dec. 1973

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.)

5. LEASE
14-20-603-5012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo

1. oil well ☒   **gas well** ☐   other

9. WELL NO.
#7

2. NAME OF OPERATOR
James P. Woosley

10. FIELD OR WILDCAT NAME
Many Rocks Gallup

3. ADDRESS OF OPERATOR
P.O. Drawer 1480, Cortez, Colorado 81321

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW¼SW¼ Sec. 27-T32N-R17W

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850/S & 990W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

12. COUNTY OR PARISH | **13. STATE**
San Juan | New Mexico

14. API NO.

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

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

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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SEP 2 3 1985

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

Plan to convert Well #7 into an injection well.

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OCT 02 1985
OIL C...

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Office Manager   DATE 9-19-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE
CONDITIONS OF APPROVAL, IF ANY:

OCT 01 1985

FARMINGTON RESOURCE AREA
BY _____

*See Instructions on Reverse Side

NMOCC