9-331
1973

Form Approved.
Budget Bureau No. 42-R1424

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
James P. Woosley

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 952' FNL & FEL 958'
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
14-20-603-585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo ~~Tribal~~ (Ute)

9. WELL NO.
#16

10. FIELD OR WILDCAT NAME North Many Rocks - Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-T32N-R17W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
Approved by P.T. McGrath 6-18-64

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 5823'

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Notice of authorized transporter of gas		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled, measured and true vertical depths for all markers and zones pertinent to this work.)

Notice of authorized transporter of gas (to be submitted with first production of gas):

El Paso Natural Gas Company
Post Office Box 990
Farmington, New Mexico 87401

Not authorized by OCCD until completion report submitted. Only completion report in file shows shut in, incomplete without tubing & no comp. date & no production test data

RECEIVED
AUG 16 1984
OIL CON. DIV.
DIST. 3

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

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

SIGNED James P. Woosley TITLE Operator DATE August 14, 1984

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

COPY:
FOR YOUR FILES