5. LEASE.

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	14-20-603-585 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME	
reservoir. Use Form 9–331–C for such proposals.)		
1. oil 💥 gas 🗇	Navajo 🗚	
well other	9. WELL NO.	
2. NAME OF OPERATOR	#19	
James P. Woosley	10. FIELD OR WILDCAT N	IAME
3. ADDRESS OF OPERATOR		
P.O. Drawer 1480, Cortez, CO 81321	Many Rocks Gallup - Lower Gallu 11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
below.)	Sec. 19, T32N,	R17W
AT SURFACE: 500 FNL & 2105 FEL	12. COUNTY OR PARISH	13. STATE
AT TOP PROD. INTERVAL: Same	San Juan	NM
AT TOTAL DEPTH: Same	14. API NO.	1111
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	7/7/71 P.T. M	cGrath
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW	
	5480 GL	DI, KOB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3.00.01	
TEST WATER SHUT-OFF		
FRACTURE TREAT SHOOT OR ACIDIZE RECEIVE	<u> </u>	
SHOOT OR ACIDIZE		
DUBL OF ALTER GARNO	(NOTE: Report results of mu	litiple completion or zone
MULTIPLE COMPLETE APR 07 198	change on Form 9—	330.)
CHANGE ZONES		
ABANDON* BUREAU OF LAND MANA	GEMENT	
(other) FARMINGTON RESOURCE	CE AREA	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	rectionally drilled give cub	give pertinent dates, surface locations and
Replace existing production tank at the well	cito with a 200 11	-1 -b t
storage tank.	prie Mitu 9 300 pl	or. strapped
storage talk.		
	∭ MAY	21 1987.
	OIL C	ON. DIV.

DIST. 3

Subsurface Safety Valve: Manu. and	Type	Set @	Ft. "
18. I hereby certify that the foregoi	ng is true and correct		
SIGNED 1222 1 TO (S.)	Le TITLE Operator	DATE 4/7/87	.
/	(This space for Federal or State office	ce use)	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		$\Delta DDD \cap V$	

*See Instructions on Reverse Side

MMOCC

APPKOVED

MAY 1 51987

18/ J. Stan Mickey AREA MANAGER