

N

August 9, 1971

30-039-20930

F. Loc. 420/S; 1900/E Elev. 5715 GL Spd. _____ Comp. _____ TD _____ PB _____Casing S. _____ @ _____ W _____ Sx. Int. _____ @ _____ W _____ Sx. Pr. _____ @ _____ W _____ Sx. T. _____ @ _____
Csg. Perf. _____ Prod. Stim. _____T
R
A
N
S

I.P. _____ BO/D _____ MCF/D After _____ Hrs. SICP _____ PSI After _____ Days GOR _____ Grav. _____ Ist Del. _____ s

TOPS		NITD	X	Well Log	TEST DATA						
					Schd.	PC	Q	PW	PD	D	Ref.No.
Kirtland		C-103		Plat	X						
Fruitland		C-104		Electric Log							
Pictured Cliffs				C-122							
Cliff House		Ditr		Dfa							
Menefee		Datr		Dac							
Point Lookout											
Mancos											
Gallup											
Sanostee											
Greenhorn											
Dakota											
Morrison											
Entrada											
				40							

P
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LCo. SJ S. 8 T. 32N R. 17W U. 0 Oper. James P. Woosley Lse. Navajo AA No. 20

Navajo AA #20

0-8-32N-17W

James P. Woosley

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo AA

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND

SURVEY OR AREA
Sec 8 T32N R17W

NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 "APPLICATION FOR PERMIT" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James P. Woosley

3. ADDRESS OF OPERATOR

Box 1227 Cortez Colorado 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

420 FSL and 1900' FEL

~~XXXXXXXXXX~~

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5715 GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Abandonment of location

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Request permission to abandon location



JAN 31 1977

RECEIVED

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

SIGNED James P. Woosley

TITLE Operator

DATE 1/25/77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side