

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESEV. ☐ Other ☒ Installation of tubing

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 and in accordance with any State requirements)*

At surface 790' FNL & 1826' FNL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

James P. Woosley

7/28/82

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

15. DATE SPUDDED 7/28/82 16. DATE T.D. REACHED 8/5/82 17. DATE COMPL. (Ready to prod.) 8/15/82 18. ELEVATIONS (DF, REE, RT, GR, ETC.)* 6033 GL 19. ELEV. CASINGHEAD 6034

20. TOTAL DEPTH, MD & TVD 1733 21. PLUG, BACK T.D., MD & TVD 1733 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-1733 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1705 - 1723 Lower Gallup SS 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

None

27. WAS WELL CORED

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	22 lb.	62'	9"	7 sks. to surface	None
4-1/2"	9.5 lb.	1690'	6-1/4"	50 sks. 5943	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	1705'	None

31. PERFORATION RECORD (Interval, size and number)

Open hole from 1690' - 1733'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION 8/16/84 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 8/18/82 HOURS TESTED 24 CHOKE SIZE 3/8" PROD'N. FOR TEST PERIOD 252,000/d OIL—BBL. 252,000/d GAS—MCF. 0 WATER—BBL. 0 GAS-OIL RATIO

FLOW. TUBING PRESS. 60 CASING PRESSURE 260 psi CALCULATED 24-HOUR RATE 252,000/d OIL—BBL. 252,000/d GAS—MCF. 0 WATER—BBL. 0 OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

Pat Woosley

35. LIST OF ATTACHMENTS

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

SEP 10 1984

James P. Woosley

TITLE

Operator

DATE 8/20/84

OIL CON. DIV.
DIST. 3

*(See Instructions and Spaces for Additional Data on Reverse Side)

SEP 07 1984

NMOCG

FARMINGTON RESOURCE AREA

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 25.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Secks (cement)": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF FORMER ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING 38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Mesa Verde	Surface	438				
Mancos Shale	438	1705				
Lower Gallup SS	1705	1723				
Sanotee Lime	1723	1733				

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	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110

RECEIVED
MAR 16 1989
OIL CON. DIV
DIST. 3

I. Operator **A.P.A. DEVELOPMENT, INC.**

Address **P. O. Box 215, Cortez, CO 81321**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Dry Gas <input type="checkbox"/>	Change of Operator
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		

If change of ownership give name and address of previous owner James Woosley Oil Co. P.O. Drawer 1480 Cortez CO. 81321

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 17	Pool Name, including Formation Many Rocks Lower Gallup	Kind of Lease Navajo State, Federal or Fee IND	Lease No. 14-20-5012
Location Unit Letter C : 790 Feet From The North Line and 1826 Feet From The West				
Line of Section 28 Township 32 N Range 17 W , NMFM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	Box 990 Farmington NM. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A.P.A. DEVELOPMENT, INC., a Colorado corp.

Patricia B. Wooley President
OPERATOR (Signature)

(Title)

3-13-89

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY James D. Sherry
TITLE **SUPERVISOR DISTRICT #3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.