

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR A.P.A. Development Inc. James P. Wooley	8. FARM OR LEASE NAME WTR
3. ADDRESS OF OPERATOR P.O. Box 215, Cortez, CO 81321	9. WELL NO. WTR #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Sec. 10 350' FSL & 350' FWL T19N R6W	10. FIELD AND POOL, OR WILDCAT Star Mesa Verde
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW 1/4 - SW 1/4 Sec. 10 T19N R6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6828 GL	12. COUNTY OR PARISH McKinley
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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

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.)

Plugged well as follows:

1. Staged mud from 1678' - 1585' 8.48 cu. ft. 9.2#
2. Staged cement from 1585' - 1358' 20.7 cu. ft. 15.7# 21.23 sks.
3. Staged mud from 1358' - 789' 51.92 cu. ft. 9.2#
4. Staged cement from 789' - 689' 9.1 cu. ft. 15.7# 9.3 sks.
5. Staged mud from 689' - 282' 37.13 cu. ft. 9.2#
6. Staged cement from 282' - surface 25.73 cu. ft. 15.7# 26 sks.
7. Ran 1" pipe behind 4 1/2 casing down 35' pumped cement until it returned to surface.

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

RECEIVED

MAY 17 1989

OIL CON. DIV.  
DIST. 3

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

SIGNED Patricia Wooley TITLE Operator

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

APPROVED

DATE 4/30/89

DATE MAY 15 1989

AREA MANAGER  
FARMINGTON RESOURCE AREA