

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 ☒ gas ☐
well 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: 2310' FSL and 330' FEL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Information ☐

SUBSEQUENT REPORT OF:

RECEIVED

FEB. 8 1984

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

Set packard at 2037' on 2-3/8" upset tubing. Testing water, oil and gas flow through a 3x12 test separator.

Produced water is being disposed of by pumping it into well number 12-5 located in the SW/NW of Sec. 12, T.19N., R.5W., on the adjoining lease.

We are testing to see if the Ptasynski A-#1 well will continue to flow and also to see if the disposal well #12-5 will continue to take water under the designated pressure.

If both of these factors will continue as they are now, we will complete the Ptasynski A-#1 well in the near future.

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

February 6, 1984

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

FEB 14 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

Smm