

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0145  
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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-33807
2. NAME OF OPERATOR Woosley Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 215, Cortez, CO 81321	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Sec. 11 T19N R5W 1650' FSL & 1650' FEL	8. FARM OR LEASE NAME Ptasynski
13. PERMIT NO.	9. WELL NO. #A-2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6650 G.L.	10. FIELD AND POOL, OR WILDCAT Blue Mesa Mesa Verde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11 T19N R5W
	12. COUNTY OR PARISH McKinley
	13. STATE NM

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) Shut - In

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

We would like to request approval for a long term shut in of this well.

RECEIVED  
NOV 02 1989  
OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES

AUG 31 1990

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

SIGNED [Signature]

TITLE Representative

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED

DATE 10/17/89

OCT 21 1989  
DATE

Ken Townsend

\*See Instructions on Reverse Side