

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 ☐ other ☐  
well well well

2. NAME OF OPERATOR  
WTR Oil Company

3. ADDRESS OF OPERATOR  
Drawer LL, Cortez, Colo 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 510' FEL-2130' FSL Sec34-T32N-R17W  
AT SURFACE:  
AT TOP PROD. INTERVAL: 1688'  
AT TOTAL DEPTH: 1710'

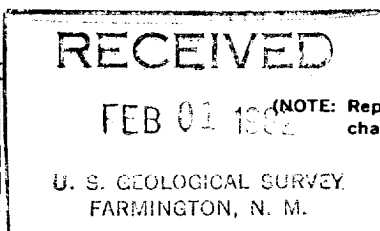
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☒  
☐  
☐  
☐  
☐  
☐  
☐  
☐



5. LEASE  
14-20-603-5013

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Navajo M

9. WELL NO.  
# 10

10. FIELD OR WILDCAT NAME  
Many Rocks - Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 510' FEL-2130' FSL of Sec. 34-T32N-R17W-NMPM

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5846 DF

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 have completed the acid job. We acidized through 2 3/8 UP Tubing with a R-4 Packer set at 1670', using 1,000 Gal. of Halliburton 15% Acid. We flushed with 10 BBLs water and let set until acid was spent, we swabbed to retrieve the spent acid. We put the well back on production on 1-22-82.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Lee E. Seavey TITLE Office Manager DATE 1-25-82

(This space for Federal or State office use)

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

DATE **ACCEPTED FOR RECORD**

FEB 01 1982

\*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT  
BY 143

