

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 well ☐ gas well ☐ other injection well (water)

2. NAME OF OPERATOR
James P. Woosley

3. ADDRESS OF OPERATOR
P.O. Drawer 1480, Cortez, CO 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 1980' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) request for long term shut-in

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and type 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.)*

Copy of letter included.

If this well under the new operator is not used for an injection well, it will be converted either to a gas well or an oil well. If it does not prove commercial, then we would ask permission to abandon. At this time we need more time to evaluate, therefore we request a long term shut-in status.

THIS APPROVAL EXPIRES 4/12/89

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

(This space for Federal office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APPROVED
APR 13 1988
OIL CON. DIV.
DIST. 3
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

INMOCC

RECEIVED
BL MAIL ROOM
08 APR 12 AM 9:30
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

(NOTE: Report results of multiple completion or change on Form 9-331-C)