

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 _____
2. NAME OF OPERATOR
Woosley Oil Company
3. ADDRESS OF OPERATOR
P.O. Drawer 1480, Cortez, Colorado 81321
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL & 1650' 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

RECEIVED

NOV 16 1984

BUREAU OF LAND MANAGEMENT
HARMINGTON RESOURCE AREA

5. LEASE
NM-33907
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Ptasynski A
9. WELL NO.
~~Ptasynski 1 A~~-#2
10. FIELD OR WILDCAT NAME
~~Wildcat Menefee~~ Blue Mesa
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA Sec. 11, T19N, R5W,
NW/4 SE/4
12. COUNTY OR PARISH
McKinley
13. STATE
New Mexico
14. API NO.
Approved 4/24/84
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6650 GL

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

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).*

Perforated hole from 2134' to 2142' at 3 shots per foot in the Point Lookout formation; acidized and are now testing hole.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Freda L. Yeomans Title? Office Manager

DATE November 13, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE

DATE ACCEPTED FOR RECORD

NOV 30 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Smn

NMCCC