

**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  
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: 943' FSL & 840' FWL  
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) ☐

## SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
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☐

**RECEIVED**

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

JUN 18 1987

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE  
14-20-603-585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Navajo AA

9. WELL NO.  
#8

10. FIELD OR WILDCAT NAME  
No. Many Rocks Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SW $\frac{1}{4}$ SW $\frac{1}{4}$  Sec. 17-T32N-R17W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5498' GL

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.)\*

Plan to convert this well to a gas well.

**RECEIVED**  
JUN 22 1987  
OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Operator DATE 6/16/87

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC