5. LEASE

14-20-603-585

UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY	Navajo Tribe
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.)	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas cther	9. WELL NO.
2. NAME OF OPERATOR	#24
James P. Woosley	10. FIELD OR WILDĆAT NAME No. Many Rocks Lower Gallup
3. ADDRESS OF OPERATOR P.O. Drawer 1480, Cortez, CO 81321	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1524 FSL & 1241 FWL	SE4SW4, Sec.17, T32N, R17W
AT TOP PROD. INTERVAL: Same	San Juan NM
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5660'
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	ラフ
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone Change on Form 9–330.)
MULTIPLE COMPLETE	NEG NET V
CHANGE ZONES ABANDON*	A 2: 4 2: 2 DO
(other) request long term shut-in	ES
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent. Because of the low production and the continued calcium carbonate build up, which in turn requires service rig, this well is unable to produce in peristing market conditions. We request a long to	irectionally drilled, give subsurface locations and it to this work.)* pump sticking due to res the expense of a paying quantities under
	RECEIVE
	1027 an
THIS APPROVA	AL EXPIRES
	e e e
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	PORMAGOA
SIGNED JUST TOBELLE TITLE PROTECTION	DATE _4/5/88
(This space for Federal or State off	ice une)
APPROVED BY TITLE	APR 12 1988
CONDITIONS OF APPROVAL, IF ANY:	
	Cedern D. Hin
at-	AREA MANAGER FARMANGER RESEAURCE ALLE
*See Instructions on Reverse S	Side (FARMINGTON NEOCONOL SING.)

*See Instructions on Reverse Side

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