

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved
Budget Bureau No. 42-R1424

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, Colorado 81321
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FSL & 1650' 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:

SUBSEQUENT REPORT OF:

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

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RECEIVED

JUN 05 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

Cleaned up well and fraced with 17,000 lbs. of 10-20 sand and 370 bbls. of gelled fluid.

Changed status of well from TA to POW.

RECEIVED
OIL CON. DIV.
DIST. 9

Sub-surface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED James P. Woosley Office Manager

DATE May 28, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUN 06 1985

FARMINGTON RESOURCE AREA

BY Sm

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R255.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR James P. Weasley						5. LEASE DESIGNATION AND SERIAL NO.	
3. ADDRESS OF OPERATOR Box 1227 Cortez, Colorado 81321						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330 ft. FSL and 1650 ft. FWL At top prod. interval reported below 1399 - 1410 At total depth 1421						7. UNIT AGREEMENT NAME	
14. PERMIT NO. P. T. McGrath						9. WELL NO. 22	
DATE ISSUED Mar. 12, 1974						10. FIELD AND POOL, OR WILDCAT North Many Rocks Lower Gallup	
15. DATE SPUDDED 3 - 26 - 74						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 17, T32N, R17W	
16. DATE T.D. REACHED 4 - 10 - 74						12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 4 - 17 - 74						13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5533 GL						19. ELEV. CASINGHEAD 5533 GL	
20. TOTAL DEPTH, MD & TVD 1421 GL		21. PLUG, BACK T.D., MD & TVD 1421 GL		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0 - 1397	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Lower Gallup SS @ 1399 - 1410						25. WAS DIRECTIONAL SURVEY MADE yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)							
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
7"	22 1/2	31'	9"	Cement to surface		none	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	1415	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION 4 - 22 - 74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) pumping National Unit				WELL STATUS (Producing or shut-in)	
DATE OF TEST 4 - 24 - 74	HOURS TESTED 24	CHOKE SIZE open	PROD'N. FOR TEST PERIOD →	OIL—BBL. 2	GAS—MCF. 15TH	WATER—BBL. 0	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 2	GAS—MCF. 15TH	WATER—BBL. 0	OIL GRAVITY-API (CORR.) 41	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Used to run engine						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED James P. Weasley		TITLE Operator		DATE 7/1/74			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Shale	0	1397	Two feet samples			
Ballup ss	1397	1399	SS gray, calcareous, shaley and very - fine grain, odor and stain			
	1399 - 1402		SS white, very fine grain oil show			
	1402	1404	SS white, fine grain, oil			
	1404	1406	SS white, fine to medium grain, good oil show			
	1406	1408	SS white, fine grain, oil			
	1408	1410	SS gray, shaley, calcareous, very fine, stain			
Shale and lime	1410	1421				