UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	14-20-603-5012
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
CUMPRY NOTICES AND DEPORTS ON WELLS	Navajo Tribe 7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAMES
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	Navajo
well 🗵 well other	9. WELL NO.
2. NAME OF OPERATOR	#14 ************************************
James P. Woosley 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P.O. Drawer 1480, Cortez, Colorado 81321	Many Rocks Gallup
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	SWESTE Sec. 27-T34N-R17W
AT SURFACE: 360' FSL & 2310' FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 ELEVATIONS (CHOW DE LOS AND HE
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5885 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
TRACTURE TREAT	
SHOOT OR ACIDIZE RECEIV	/ F.D. 19 10 10 10 10 10 10 10 10 10 10 10 10 10
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE SEP 2 3 198	change on Form 9–330.)
CHANGE ZONES	
ABANDON* (other) COUREAU OF LAND MANA	GEMENT STATE OF THE STATE OF TH
TARMINGTON RESOURCE	CE AREA
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	rectionally drilled trive bubeurfees leastless and
Please see attached copy of Sundry Notice acce	ented for record 4-30-85
changing TA status of Well #14 to a POW.	
	REGEIVED
	0CT 02 1935 12 18 18
	OIL CON. C.
	DIST. 2
Subsurface Safety Valve: Manu. and Type	C+ @
	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Office Manage	r DATE 9-19-85
(This space for Federal or State office	ce use)
APPROVED BY TITLE	
CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD
*See Instructions on Reverse Si	OCT 01 1985
NMOCC	FARMINGIUM RESOURCE AREA
	BY