

ILLEGIBLE

Form 9-331 C
(May 1963)SUBMIT IN TRIPPLICATE*
(Other instructions on
reverse side)Form approved,
Budget Bureau No. 42-R1425.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-031-20839

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Woosley Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 1227 Cortez, Colorado 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface 2310' FSL & 330' FEL (NE SE)

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE

13 miles Southeast of Star Lake Compressor Station

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

330'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

660'

16. NO. OF ACRES IN LEASE

640

19. PROPOSED DEPTH

2115'

17. NO. OF ACRES ASSIGNED

TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6578' GR

22. APPROX. DATE WORK WILL START*

February 1, 1983

23.

PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|--------------|----------------|-----------------|---------------|---------------------------|
| 9" | 7" | 24# J-55 | 90' | 10 sxs Class C w/2% CaCl |
| 6 1/4" | 4 1/2" | 9.5# J-55 | T.D. | 180 sxs Class C w/2% CaCl |

1. Drill 9" hole and set 7" surface casing to 90' with mud pump.
2. Drill 6 1/4" hole to T.D. Cement to surface.
3. Plan to use mud logging unit. Run tests if warranted and run casing if productive.
4. Run logs, as needed, and perforate and stimulate as needed.

Surface Formation: Lewis Shale

Estimated Formation Tops: Chacra - 590'

Cliff House - 1090'

Menefee - 1150'

Point Lookout - 1270'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

DATE

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REQUIREMENTS"This action is subject to administrative
appeal pursuant to 30 CFR 290.

NMOC

APPROVED
AS AMENDED

JAN 27 1983

JAMES F. SING
DISTRICT ENGINEER

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-107
Revised 10-1STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

All distances must be from the outer boundaries of the Section.

| | | | | | |
|--|---------------------------------------|------------------------|--------------------------|---------------------------------------|----------------------------------|
| Operator WOOSLEY OIL COMPANY | | | Lease NM-33907 | | Well No. Ptasynski A#1 |
| Unit Letter I | Section 11 | Township 19N | Range 5W | County McKinley | |
| Actual Footage Location of Well: 2310 feet from the South line and 330 feet from the East line. | | | | | |
| Ground Level Elev. 6578 | Producing Formation Menefee | | Pool Wildcat | Dedicated Acreage: 40 Acres | |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). **N/A**
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? **N/A**

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

| | | | |
|---|--|--|--|
| Sec. | | RECEIVED DEC 20 1982 U. S. GEOLOGICAL SURVEY FARMINGTON, N.M. | |
| | | 11 | |
| RECEIVED JAN 25 1983 OIL CON. DIV. DIST. 3 | | 330' 2310' | |

Scale: 1"=1000'

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Colleen Coker

Position
Bookkeeper

Company
Woosley Oil Company

Date
December 15, 1982

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
December 8, 1982

Registered Professional Engineer
and Land Surveyor
Fred B. Kerr Jr.

Certificate No. **3950**

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 33907

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

A-1 Ptasynski

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREANE/4 SE/4, Sec. 11: 19N
5W, N.M.P.M.

12. COUNTY OR PARISH

McKinley

13. STATE

NM

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 "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James P. Woosley Oil Co.

3. ADDRESS OF OPERATOR

P. O. Box 1227, Cortez, Colorado 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface2310' from S. line and 330' from E. line
Sec. 11: 19N 5W

14. PERMIT NO.

1/28/83 by Jim Sims

15. ELEVATIONS (Show whether D, RT, GR, etc.)

6578 GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Surface and spudding ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)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 perti-
nent to this work.)*Spudded a 9" hole 4/4/83 and set 94' of 7" casing, cement to surface with 11 sacks
of cement. Tested surface by pressuring to 550 PSI with mud pump.

RECEIVED

MAY 9 1983

OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE

Office Manager

DATE 4/19/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 06 1983

*See Instructions on Reverse Side

FARMINGTON DISTRICT
CY

NMOC

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

Budget Bureau No. 42-R1424
G. LEASE DESIGNATION AND SERIAL NO.

NM33907

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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | | |
|--|--|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR James P. Woosley | | 7. UNIT AGREEMENT NAME | |
| 3. ADDRESS OF OPERATOR Post Office Box 1227, Cortez, Colorado 81321 | | 8. FARM OR LEASE NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL and 330' FEL Sec. 11: 19N 5W | | 9. WELL NO. Ptasynski #A-1 | |
| 14. PERMIT NO. 1/28/83 by Jim Sims | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| 15. ELEVATIONS (Show whether dr. rt. cr. etc.) 6578 GL | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 SE/4, Sec. 11: 19N 5W N.M.P.M. | |
| U.S. GEOLOGICAL SURVEY FARMINGTON, N.M. | | 12. COUNTY OR PARISH McKinley | |
| | | 13. STATE NM | |

RECEIVED

JUN 17 1983

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | INFORMATION <input checked="" type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Drilled a 6-1/4" hole to 2210'. Reached TD on 4/10/83. Ran open hole logs. Ran 4-1/2, 9.5 lb. casing to 2142'. Cement casing to surface. Circulated 5 barrells of cement to pit. Perforated the Point Lookout SS @ 2058' - 2066', 2071' - 2083' and 2092' - 2102' for a total of 90 holes. Stimulated well with N2 and sand. Flowed back and tested approximately 40 bbls. of oil per day and 880 bbls. of water.

Well is shut-in waiting on a water disposal or pressure maintenance system.

RECEIVED

Need Completion Report

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

SIGNED James P. Woosley TITLE Operator

DATE 6/14/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

JUN 2 1983

NMOCC

KT

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 ☒ gas ☐ other ☐
well well2. NAME OF OPERATOR
James P. Woosley3. ADDRESS OF OPERATOR
P.O. Drawer 1480, Cortez, Colorado 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310' FSL and 330' 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) INFORMATION ☐

SUBSEQUENT REPORT OF:

RECEIVED
NOV 07 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

NM33907

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ptasynski

9. WELL NO.

A-#1

10. FIELD OR WILDCAT NAME

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4, SE/4, Sec. 11,

19N, 5W, N.M.P.M.

12. COUNTY OR PARISH 13. STATE

McKinley

New Mexico

14. API NO.

1/28/82 by Jim Sims

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6578 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.)*

Drilled a 6-1/4" hole to 2210'. Reached TD on 4/10/83. Ran open hole logs. Ran 4-1/2, 9.5 lb. casing to 2142'. Cement casing to surface. Circulated 5 bbls. of cement to pit. Perforated the Point Lookout SS @ 2058', 2071' - 2083' and 2092' - 2102' for a total of 90 holes. Stimulated well with N2 and sand. Flowed back and tested approximately 40 bbls. of oil per day and 880 bbls. of water.

Well is shut-in waiting on a water disposal or pressure maintenance system.

We understand that the water disposal system submitted to the State of New Mexico has been approved; however, to date, we have not received written approval of same. Upon receipt of said approval, we will proceed with the completion of this well and upon completion will submit a well completion report for this well.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED James P. Woosley TITLE Operator DATE November 2, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NOV 15 1983

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Jim Sims

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 ☒ gas ☐ other ☐
well ☐ well ☐
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: 2310' FSL and 330' 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Information

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐
☐
☐

RECEIVED

FEB. 8 1984

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

☐ BUREAU OF LAND MANAGEMENT
☐ FARMINGTON RESOURCE AREA

5. LEASE
NM333907
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Ptasynski H
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Wildcat Blue Mesa MV
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4 SE/4, Sec. 11,
19N., 5W., N.M.P.M.
12. COUNTY OR PARISH
McKinley
13. STATE
New Mexico
14. API NO.
1/28/82 by Jim Sims
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6578 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.)*

Set packard at 2037' on 2-3/8" upset tubing. Testing water, oil and gas flow through a 3x12 test separator.

Produced water is being disposed of by pumping it into well number 12-5 located in the SW/NW of Sec. 12, T.19N., R.5W., on the adjoining lease.

We are testing to see if the Ptasynski A-#1 well will continue to flow and also to see if the disposal well #12-5 will continue to take water under the designated pressure.

If both of these factors will continue as they are now, we will complete the Ptasynski A-#1 well in the near future.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED James P. Woosley TITLE Operator DATE February 6, 1984
James P. Woosley

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 14 1984

FARMINGTON RESOURCE AREA

RV

Smm

*See Instructions on Reverse Side

NMOCC

**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, Colorado 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310' FSL and 330' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Information ☐

SUBSEQUENT REPORT OF:

RECEIVED

APR 30 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

NM 33907

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ptasynski

9. WELL NO.

A-#1

10. FIELD OR WILDCAT NAME

Wildcat Blue Mesa NM

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA NE/4 SE/4, Sec. 11, 19N, 5W, N.M.P.M.

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

14. API NO.

1/28/82 by Jim Sims

15. ELEVATIONS (SHOW DF, KDE, AND WD) 6578 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 leave in a shut-in status for a possible pressure maintenance well until well Ptasynski A-#2 is completed.

RECEIVED
MAY 10 1984
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

James P. Woosley

TITLE

Operator

DATE

April 27, 1984

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV

5mm

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|-----------------------------------|--|---|--|---|--|--------------------------------------|--|------------------------|--|--------------------------------------|--|--|--|--|--|--|--|----------------------------------|--|-------------------------|--|
| 1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> | | 1b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/> | | 2. NAME OF OPERATOR James P. Woosley Oil Co. | | 3. ADDRESS OF OPERATOR P.O. Drawer 1480, Cortez, Colorado 81321 | | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FSL & 330' FEL (NESE) At top prod. interval reported below Same At total depth Same | | 14. PERMIT NO. James Sims | | DATE ISSUED 1/22/83 | | 5. LEASE DESIGNATION AND SERIAL NO. NM 33907 | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | 7. UNIT AGREEMENT NAME | | 8. FARM OR LEASE NAME Ptasynski A | | 9. WELL NO. #1 | | 10. FIELD AND POOL, OR WILDCAT Wildcat Blue Mesa MV | | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE/4 SE/4, Sec. 11 T19N, R5W, N.M.P.M. | | 12. COUNTY OR PARISH McKinley | | 13. STATE New Mexico | |
| 15. DATE SPUDDED 4-4-83 | | 16. DATE T.D. REACHED 4-10-83 | | 17. DATE COMPL. (Ready to prod.) 4-28-83 | | 18. ELEVATIONS (DF, REB, RT, OR, ETC.)* 6578 | | 19. ELEV. CASINGHEAD 6579 | | 20. TOTAL DEPTH, MD & TVD 2210 | | 21. PLUG, BACK T.D., MD & TVD 2142 | | 22. IF MULTIPLE COMPL., HOW MANY* | | 23. INTERVALS DRILLED BY 0-2210 | | ROTARY TOOLS | | CABLE TOOLS | | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2058 2071 2092 - 2102 Point Lookout | | 25. WAS DIRECTIONAL SURVEY MADE Yes | | 26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Densilog; Induction Electrolog | | 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# J-55 | | 94' | | 9" | | 66 cf Cl. C; circulated to surface; | | None | | | | | | | | | | | | | | | | | | | | | |
| 4-1/2" | | 9.5# J-55 | | 2142' | | 6-1/4" | | 268 cf Cl. B PO2; circulated to surface; cement | | None | | | | | | | | | | | | | | | | | | | | | |
| 29. LINER RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIZE | | TOP (MD) | | BOTTOM (MD) | | BACKS CEMENT* | | SCREEN (MD) | | 30. TUBING RECORD | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | SIZE | | DEPTH SET (MD) | | PACKER SET (MD) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 2-3/8 | | 2041' | | 2037 | | | | | | | | | | | | | | | | | |
| 31. PERFORATION RECORD (Interval, size and number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2058 - 2066 2071 - 2083 3 hole/ft. 2092 - 2102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2058 - 2102 350,000 Nitrogen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. PRODUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE FIRST PRODUCTION Shut-in 4/28/83 | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing | | | | | | | | | | WELL STATUS (Producing or shut-in) Shut-in | | | | | | | | | | | | | | | | | | | |
| DATE OF TEST 4/28/83 | | HOURS TESTED 24 | | CHOKE SIZE Open | | PROD'N. FOR TEST PERIOD 40 | | OIL—BBL. TSTM | | GAS—MCF. 880 | | WATER—BBL. 400 | | GAS-OIL RATIO N/A | | | | | | | | | | | | | | | | | |
| FLOW. TUBING PRESS. | | CASING PRESSURE 150 | | CALCULATED 24-HOUR RATE 40 | | OIL—BBL. TSTM | | GAS—MCF. 880 | | WATER—BBL. 400 | | OIL GRAVITY-API (CORR.) | | | | | | | | | | | | | | | | | | | |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Richard L. Hoeman</u> TITLE <u>Office Manager</u> DATE <u>3/19/85</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

FARMINGTON RESOURCE AREA

RV

Sma

NMOCC

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: "Seals 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.)

31. SUMMARY OF POROUS ZONES:

SHOW ALL IMPERMEABLE 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

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | 38. GEOLOGIC MARKERS | |
|-----------|-----|--------|-----------------------------|----------------------|-------------|
| | | | | NAME | MEAS. DEPTH |
| | | | | Lewis | Surface |
| | | | | Cliff House | 1090' |
| | | | | Menefee | 1157' |
| | | | | Point Lookout | 2055' |
| | | | | TD | 2210' |

Wc

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR

Woolley Oil Co

3. ADDRESS OF OPERATOR

PO Drawer 1490 Cortez Col 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310 FSL 4330 FEL

AT TOP PROD. INTERVAL: SHUTE

AT TOTAL DEPTH: SHUTE

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) long term shut-in

5. LEASE

NM - 33907

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Plasinski A

9. WELL NO.

10. FIELD OR WILDCAT NAME

Widdow Blue mesa MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

302 N 19N R5W

12. COUNTY OR PARISH

McKinley NM

14. API NO.

12-22-1982

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6578 GR

(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.)*

Due to the remoteness of this well and the present market conditions, I hereby request a long term shut in on this well.

RECEIVED

MAR 15 1989

THIS APPROVAL EXPIRES AUG 31 1989

OIL CON DIV

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED James P. Woolley TITLE operator DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OPERATOR

*See Instructions on Reverse Side

ILLEGIBLE

3-6-89
APPROVED
MAR 15 1989
John H. Hall
AREA MANAGER
FARMINGTON RESOURCE AREA

(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

Expires August 31, 1983

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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | | |
|--|--|--|-----------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-33807 | |
| 2. NAME OF OPERATOR Woosley Oil Co. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 215, Cortez, CO 81321 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 330' FEL Sec. 11 T19N R5W | | 8. FARM OR LEASE NAME Ptasynski | |
| 14. PERMIT NO | | 9. WELL NO. #A-1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6578 GR | | 10. FIELD AND POOL, OR WILDCAT Blue Mesa Mesa Verde | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11 T19N R5W | |
| | | 12. COUNTY OR PARISH McKinley | 13. STATE NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |

(Other) Long Term Shut-In
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Request Long Term Shut-In on Ptasynski #A-1.

THIS APPROVAL EXPIRES

AUG 31 1990

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

SIGNED Peter E. Woosley

TITLE Representative

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

| | |
|--|--|
| APPROVED | |
| DATE <u>11/6/89</u> | |
| <u>DEC 01 1989</u> | |
| <u>P. E. Woosley</u> | |
| AREA MANAGER FARMINGTON RESOURCE AREA | |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | |
|---|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 91 MAY -3 PM 12:38 | 5. LEASE DESIGNATION AND SERIAL NO. NM-33907 (WC) |
| 2. NAME OF OPERATOR Woosley Oil Company | 019 FARMING | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 215, Cortez, CO 81321 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Sec. 11 ²³ 2510' FSL & 330' FEL | | 8. FARM OR LEASE NAME Prasynski |
| | | 9. WELL NO. 18 |
| | | 10. FIELD AND POOL, OR WILDCAT Blue Mesa Wildcat Reservoir |
| | | 11. SEC., T., R., M., OR BLE. AND SUBVY OR AREA Sec. 11 T19N R5W |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, OR, etc.) | 12. COUNTY OR PARISH McKinley |
| | | 13. STATE NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) Pressure Test

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 set packer above perforations and pressure test casing in May 1991.

RECEIVED
MAY 17 1991
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES AUG 31 1991

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

SIGNED

TITLE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

APPROVED

DATE 4/15/91

MAY 10 1991

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA