

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 ☐  
2. NAME OF OPERATOR  
O.T.H.G., Inc.  
3. ADDRESS OF OPERATOR  
c/o A. R. Kendrick, Box 516, Aztec, NM 87410  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
0 AT SURFACE: 510' FSL 1830' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input checked="" type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

5. LEASE  
14-20-603-5035  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Navajo Tribal N  
9. WELL NO.  
3  
10. FIELD OR WILDCAT NAME  
Undesignated Organ Rock  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
0-17-26N-1RW  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico  
14. API NO.  
30-045-05802  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5754 RDB

(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.)\*

Retainer now @ 5500'. Pressure test casing to prove integrity. Run TDT-K and Cement Bond logs. Squeeze cement where necessary to protect possible completion in the Organ Rock formation. Perforate and test selected intervals within the Organ Rock formation from 4350' to 4500'. If commercial production is indicated, a completion attempt will be made.

A small fenced, earthen pit will be required on the location during testing and completion operations. The location will be cleaned and levelled when conditions permit.

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

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

SIGNED AR Kendrick TITLE Agent DATE August 21, 1987

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

UNMOCC

