

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Old Well Workover		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5035
2. NAME OF OPERATOR O. T. H. G., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR c/o A. R. Kendrick, P. O. Box 510, Aztec, N. M. 87410		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 510' fSL; 1830' fEL		8. FARM OR LEASE NAME Navajo Tribal "N"
14. PERMIT NO. NA		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5743' Gr.; 5754' KB		10. FIELD AND POOL, OR WILDCAT Undesignated Organ Rock
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-26N-18W, NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/>	

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 checked="" type="checkbox"/> Test Organ Rock for He. gas	

(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.)*

4-18-88. PB 5500' w/ retainer. Ran Welex TMD log over portable mast.
5-2 to 5-11-88. Move in Drake Well Service Unit #20. Press. test to 3000 psi. on 4 1/2" casing. OK. Shoot 2 sq. holes @ 4600' and 3 return holes @ 4310'. Ran HOWCO retainer & set @ 4555'. Press. up to EIR. Unable to get returns. EIR @ 1/4 bpm @ 3000 psi. Mix 25 sx. Cl. B cement by HOWCO and squeeze below retainer to 4000 psi. POOH and pick up RTTS packer & set @ 4112'. EIR @ 1 bpm @ 2400 psi. Cement by HOWCO w/175 sx. Cl. B through holes @ 4310' to 3000 psi. WOC & clean out. Press. test to 1700 psi. Would not hold. Recement holes @ 4310' below RTTS packer @ 3895' w/50 sx. Cl. B to 3500 psi. Clean out. Ran Welex bond log. Looks good. Press. test to 1700 psi. OK Perforate Organ Rock intervals by Welex w/1 jpf @ 4344'-76'; 4394'-4406'; 4432'-48'; 4468'-88'; 4542'-46'. Total 84' & 84 (0.38) holes. Ran 143 jts. 2-3/8" 4.7# J EUE tubing, 4533.16', SN & pin sub on bottom 2.70'. Total tally 4535.86' & set @ 4544.86'. Swab load water from well. Two days swabbing recovered load of 64 bbl. plus 73 bbl. Water slightly brackish. Moved off rig to let well pressure up.
5-13-88 PB = 4555' to Organ Rock. SI 2 days. TP = 11 psi; CP = 22 psi.
5-17-88 PB = 4555'. SI 7 days. TP = 110 psi.; CP = 146 psi. Open well & flowed water immediately. Bucket gauge was 1.6 bph. Shut-in to connect to tank.
5-23 to present. Flowing well to test tank. Averaging approx. 5 BWPD with no gas showing. Will flow a few weeks longer and get water analysis run to see if there is any significant change.

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

SIGNED John M. Heller
John M. Heller
(This space for Federal or State office use)

TITLE Field Agent

DATE 6-24-88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

JUN 30 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side