

**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
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.)
AT SURFACE: 790' FSL 790' FWL
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)	<input type="checkbox"/>		<input type="checkbox"/>

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. 1	
10. FIELD OR WILDCAT NAME Undesignated Organ Rock	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA M-17-26N-18W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO. 30-045-05809	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5848 DF	

(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.)*

Set retainer @ ±6250'. Squeeze perms 6338'-6410' w/35 sx (41 Cu Ft) cement. 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 4400' to 4550'. 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

RECEIVED

AUG 27 1987

DIV. 1

August 21, 1987

AUG 23 1987

FARMINGTON FIELD OFFICE