

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
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: 2130' FNL 1980 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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒

SUBSEQUENT REPORT OF:

- ☐ RECEIVED
☐
☐
☐
☐
☐
☐ BUREAU OF LAND MANAGEMENT
☐ FARMINGTON RESOURCE AREA

(other) Plug Pennsylvanian and test the Organ Rock formation

5. LEASE
14-20-603-5035
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribal N
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
Wildcat Organ Rock
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
G-17-26N-18W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-05860
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5860 RDB

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.)*

Kill well, remove wellhead, set a 329' cement plug from 6054' to 6383' using 25 sx (29.5 Cu Ft) of neat cement.

Pull tubing. Pressure test casing. Run CB and TDT Logs.

If conditions warrant, will perforate the Organ Rock formation between 4386' and 4488'.

If conditions do not look favorable, we will contact BLM for further plugging instructions.

A small earthen, fenced pit will be needed on the location during this overall operation. Pit will be filled and levelled when conditions allow.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED A. R. Kendrick TITLE Agent DATE _____

(This space for Federal or State office use)

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

Set @ _____ Ft.

APPROVED
June 8, 1987

JUN 09 1987
Jim A. Lantz
Bureau of Land Management
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

FM000