

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 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 516, 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 2130' fNL; 1980' fEL Unit G		8. FARM OR LEASE NAME Navajo Tribal "N"
14. PERMIT NO. NA		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5848' Gr.; 5860' KB		10. FIELD AND POOL, OR WILDCAT Wildcat 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:		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"/>
FAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Testing Organ Rock <input checked="" type="checkbox"/>	(X)
(Other)		(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, Well open in Organ Rock from 4474' to 4566' gross interval. After being shut-in for 92 days, TP = 178; CP = 189.

5-3-88 PBTD = 5940'. Moved in test tank and flowed well 20 days. Averaged flowing 21 bwpd. Total flow 425 bbls. Shut-in 5-23-88 and awaiting management decision to direct further action.

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

SIGNED John M. Heller TITLE Field Agent DATE June 24, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

WMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUN 30 1988

FARMINGTON RESOURCE AREA

BY KV