

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 checked="" 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 Tribe
3. ADDRESS OF OPERATOR c/o A. R. Kendrick, Box 516, Aztec, N. M. 87410		7. UNIT AGREEMENT NAME Navajo Tribal N
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 Wildcat Organ Rock
14. PERMIT NO. API #30-045-05860	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5848' GL.; 5860' KB	9. WELL NO. 6
		10. FIELD AND POOL, OR WILDCAT Wildcat Organ Rock
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA G-17-26N-18W NMPM
		12. COUNTY OR PARISH San Juan
		18. STATE N. M.

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"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Test Organ Rock <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.)*

9-15-87 to 1-14-88 Organ Rock zone perforated from 4474' to 4566' Gross interval.

Flowed well to test tank from 9-15-87 to 10-6-87. Flowed approx. 250 bbl total in 22 days. Avg. 21 bwpd. Water is relatively fresh. Only detectable gas was entrained in the water. Shut well in.

10-20-87 Well shut-in 14 days. TP = 172 psig.; CP = 181 psig.

Currently well is being studied for further consideration on how to evaluate the Organ Rock. Field work is discontinued until Spring.

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

SIGNED John M. Heller TITLE Field Agent DATE Jan. 14, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
JAN 22 1988
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side