

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.)
A AT SURFACE: 660' FNL 660' 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:		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)			

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.
4

10. FIELD OR WILDCAT NAME
Undesignated Organ Rock

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
A-18-26N-18W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-05876

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5862 RDB

(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.)*

Kill well. Set Bridge Plug @ $\pm 6300'$. 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 in the Organ Rock formation from 4485' to 4574'. If commercial production is indicated, a completion attempt will be made.

If completion in Organ Rock formation is not successful, will recompleate in Pennsylvanian formation.

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 @

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

HMCCG

