

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
S.E.R.H., Inc.

3. ADDRESS OF OPERATOR
c/o A.R. Kendrick, Box 516, Aztec, NM 87410

AT SURFACE: 1650' FNL 2035' 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

Test Organ ☐ Rock

SUBSEQUENT REPORT OF:

RECEIVED
(NOTE:
MAR 23 1987
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

MAR 23 1987

(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.)*

Intend to pull tubing and set Bridge Plug to shut off Mississippian perforations from 5960' to 6040'.

Verify casing competency.

Perforate & test Organ Rock formation at various depths between 3736' and 4186'.

If possible commercial production is indicated, the well will be completed in the Organ Rock formation.

A small earthen (fenced) pit will be required on the location during the periods of testing and cleanup.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED SK Sendrik TITLE Agent DATE March 20, 1987

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions **Reverse S**

NMOCC