

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
S.E.R.H., Inc.
3. ADDRESS OF OPERATOR (505) 334-2555
c/o A. R. Kendrick, Box 516, Aztec, NM 87410
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FNL 435' FEL Sec. 5
AT SURFACE:
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 type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Extend APD</u> | |

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.)*

5. LEASE N00-C-14-20-4157	
6. IF INDIAN, ALLOTTEE OR TRIBE Navajo Tribe	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Navajo 5	
9. WELL NO. 3	
10. FIELD OR WILDCAT NAME Beautiful Mtn-Mississippian	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA A-5-T26N-R19W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO. 30 045 27212	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5882 Ungraded Ground	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

We hereby request a six-month extension of the Permit to Drill this well.

This Permit extension will expire June 13, 1990.

RECEIVED
JAN 12 1990
OIL CON. DIV.
DIST. 3

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

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

SIGNED AR Kendrick TITLE Agent DATE 1/8/90

(This space for Federal or State office use)

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

For [Signature]