

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 GAS ☐ WELL ☒ OTHER ☐ Testing for Helium & Other Inert Gases

2. NAME OF OPERATOR

S. E. R. H., Inc.

3. ADDRESS OF OPERATOR

c/o A. R. Kendrick, P. O. Box 516, Aztec, N. M. 87410

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1820' fsl; 975' fwl NW/4 SW/4 Unit L

API # 33-045-25443

14. PERMIT NO.

?

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5812' Gr.; 5825' KB

5. LEASE DESIGNATION AND SERIAL NO.

Operating Agreement

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Nation 29

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Big Gap Organ Rock

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

29-27N-19W

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) PB & test Organ Rock

(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.) \*

Nov. 25. through Dec. 7, 1987. Drake Well Service Rig #22. Pull tubing & packer. Ran HOWCO plugs & set #1 @ 5815' (above Miss. perf's @ 5892'-6022'); #2 @ 5540', (above Penn. perf's @ 5612'-44'). Pressure test casing to 1600 psi. OK. Ran Welex TMD & CBL logs. Perf. 3 (0.31") holes @ 3910' & 4 @ 3670'. Ran HOWCO cement retainer & set @ 3872' to cement around 4 1/2" casing. Would not circ. Cement below retainer w/75 sx. Cl. B w/1/8#/sx. flocele. Pull out & cement upper holes w/75 sx. of same Sq. to 2000 psi. WOC & drill out. Pressure test and did not hold across holes @ 3670'. Ran HOWCO retainer & set @ 3648' & sq. with 25 sx. Cl. B cement to 3000 psi. WOC & drill out. Press. test to 1800 psi. OK. Ran Welex CBL & perf. Organ Rock @ 3704'-10'; 3750'-56'; 3773'-84'; 3803'-14'; 3834'-42'. Total 42' & 84 (0.31") jets. Ran 2-3/8" 4.7# J EUE tubing. Pin sub 1.50'; SN 0.75' & 119 jts - 3304.31'. Total Tally = 3806.56' & set @ 3818'. Swab hole load. Gas showing. 37 hr. SITP = 900psig.; CP = 1150 psig. Kicked well off to clean up. To intermittently flow well for clean up. To stimulate if needed. Test and hook up to NRH gathering if commercial production is indicated.

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

SIGNED

John M. Heller

TITLE Field Agent

DATE Dec. 9, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

DEC 14 1987

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other ☐ 21 11 5:25

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☒ Other ☐

2. NAME OF OPERATOR

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c/o A. R. Kendrick, Box 516, Aztec, N. M. 87410

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 1820' fSL; 975' fWL NW/4 SW/4 Unit L

At top prod. interval reported below

Same

At total depth

Same

14. PERMIT NO.

DATE ISSUED

API #33-045-25443

?

?

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

19. ELEV. CASING HEAD

1-5-83

1-20-83

On Workover 12-16-87

5812' Gr.; 5825' KB

5813'

20. TOTAL DEPTH, MD &amp; TVD

21. PLUG, BACK T.D., MD &amp; TVD

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

6125'

On workover 3872'

-

All

0

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

25. WAS DIRECTIONAL SURVEY MADE

On workover - Organ Rock 3704' to 3842'.

26. TYPE ELECTRIC AND OTHER LOGS RUN

On workover - Welex TMD and CBL

27. WAS WELL CORED

No

28.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
13-3/8"	48	80	17 1/2	120 cft. to surface
8-5/8"	24	1550	12 1/4	1100 cft. to surface
4-1/2"	10.5	6120	7-7/8	450 cft. Top @ 4822' ?

29.

LINER RECORD None

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	3818'	None

31. PERFORATION RECORD (Interval, size and number)

Welex (0.31" jets) Sq. holes - 3 @ 3910'  
Sq. holes 4 @ 3670'Producing perf's. (0.31") Welex 2 jpf.  
3704'-10'; 3750'-56'; 3773'-84'; 3803'-14'  
3834'-42'. Total 42' & 84 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3910'	Sq. cement. HOWCO w/75sx (88cft.)
3670'	Sq. cement. HOWCO w/75sx (88cft.)
3670'	Resqueeze " w/25sx (29cft.)
	No stimulation

33.\*

PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
	Flow	SI to reconnect

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-16-87	3	7/32" CFB	→	0	5.0	Tr. vapor	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
36	226	→	0	41	Tr.		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vent on test. To connect to Navajo Refined Helium system.

35. LIST OF ATTACHMENTS

(Sales line in place from previous production operations from Miss. zone.)

Gas test data

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

John M. Heller

TITLE Field Agent

DATE 12-18-87

\*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

5. LEASE DESIGNATION AND SERIAL NO.

Operating Agreement  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

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6125'

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SIGNED

John M. Heller

TITLE Field Agent

DATE 12-18-87

\*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Nacks Cement". Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

## 37. SUMMARY OF FORMS, ZONES, AND CONTENTS THEREOF:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. NAME	TOP	
						MEAS. DEPTH	TRUE VERT. DEPTH
Organ Rock		3750'	3930'	Organ Rock fractured interval ? Known to contain inert gasses w/helium (Other zones shown on initial filing)	Shown on initial filing with completion in Mississippian.		

Note: Gas volume is very small but operator intends to produce well for a period of time to determine if stimulation would be warranted. Also there was no cement across this pay interval and unable to circulate cement across the zone of interest. Had to block squeeze across top and bottom.