

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-4158	
2. NAME OF OPERATOR S. E. R. H., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR P. O. Box 312, Otis, Kansas 67565		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' fSL; 795' fWL NW/4 SW/4 Unit L		8. FARM OR LEASE NAME Navajo 32	
14. PERMIT NO. App. 7/25/85		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5926' Gr.; 5939' KB		10. FIELD AND POOL, OR WILDCAT Beautiful Mountain	
		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA 32-27N-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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.) *

8/25 through 8/27/86 Plugging to abandon.

Moved in Drake Well Service Unit #22, Rig up; kill well with brine water. Pulled 1-1/4" tubing. Pulled 1-1/2" tubing and packer. Ran tubing open end and placed cement plugs as listed with brine mud, 9.3 ppg; 40-44 vis., between plugs. (HOWCO tkt. #232195-7 attached)

#1 - Miss. 6080' back to 5900' w/25 sx.

#2 - Organ Rock 3950' back to 3775' w/25 sx.

#3 - - 3341' back to 3166' w/25 sx.

#4 - Top of 5-1/2" casing w/tubing @ 190' back to well head circ. cement w/25 sx.
Complete @ 4:00 p.m.

Will cut off well head; install dry hole marker and clean-up location in near future.

Will file complete abandonment report after clean-up.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED John M. Heller
John M. Heller
(This space for Federal or State office use)

TITLE Consultant

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

RECEIVED
SEP 04 1986

OIL CON. DIV.
PST. 3

DATE 8/29/86

SEP 03 1986
DATE

FARMINGTON RESOURCE AREA