

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850' FSL 790' FWL Sec. 33  
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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Extend APD

5. LEASE  
Operating Agreement

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Navajo Nation 33

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Beautiful Mountain Miss. Extension

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
L-33-T27N-R19W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.  
30 045 27213

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5812 Ground

(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.)\*

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:

\*See Instructions on Reverse Side

WOOD

*For [Signature]*