

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Old well workover		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5034
2. NAME OF OPERATOR O.T.H.G., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR c/o A. R. Kendrick, P. O. Box 516, Aztec, N. M. 87410		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 660' fSL; 510' fWL Unit M		8. FARM OR LEASE NAME Navajo Tribal U
14. PERMIT NO. API #30-045-05806		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5712' Gr.; 5722 RDB		10. FIELD AND POOL, OR WILDCAT Miss. Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA M-16-26N-18W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Testing Mississippian zone <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.)\*

Progress Report - 9-1-87 through 9-16-87 PBTD on 4½" 10.5# casing @ 6900' BP @ 6330'  
Well has been shut-in.

Moved in Drake Well Service Rig #20. Pulled rods, pump and 2½" tubing. Picked up 2-3/8" tubing and retainer. Set HOWCO retainer @ 6182' and squeeze off Penn. perf's 6216'-26' & 6234'-43' w/150 sx. neat cement. Pressure on squeeze went to 3500 psi. after 100 sx. below retainer. Pulled out and circulated balance of cement out of hole. WOC. Drilled out retainer and cement. Pressure test to 1600 psi. OK. Milled out plug @ 6330'. Cleaned out to 6899'. Ran Welex TMD log across Mississippian and Organ Rock intervals. Unable to get CBL down past 3622'. Perforated Miss. zones @6534'-60' w/2 jpf & 6484'-6518' w/1 jpf. Total 86 0.3" holes. Ran tubing and Baker R-3 packer. Set tubing @ 6575' w/4 jts tail pipe below packer. Packer @ 6443.38'. Swabbed well down. No gas or fluid. Rigged up and treated interval by HOWCO w/1500 gal. 28% HCl. Broke @ 2500 psi. back to 2200 psi. @ 2 bpm. Treat @ 3 bpm 2300 to 2700 psi. ISDP 1650. 2 hr. SI = 1400 psi. Open well and flow back 12 bbl. Swabbed well and kicked off. Intermittent swab and flow and recovered load except for 6 bbl. Moved off rig. Will intermittent flow and test interval to determine potential and obtain test prior to further work.

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

SIGNED

*John M. Heller*

TITLE Field Agent

DATE Sept. 17, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMCC