

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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"/> 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 Navajo Tribal U	
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 Miss. Wildcat	
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:

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)			

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 type="checkbox"/>
(Other) Testing Mississippian zone			<input checked="" 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.) *

Miss. Intervals 6534' to 6560' & 6484' to 6518'. Swab & flow test intermittently from 9/17 to 10/23/87. Unable to obtain stable conditions for a test. Estimated flow rate of gas at approx. 18 MCFD after 3 hrs. Slight amount of water vapor and a trace of oil. Max. shut-in pressure was 2200 psig. after 72 hrs.

10/23/87 Treat Miss. intervals by HOWCO w/6000 gal. 20% FeCl₃ gelled acid and 2000 gal. TCL w/5% Methanol. Treating pressure 1800 to 3200 psig 7.5 bpm. Flushed w/50 bbl. 2% KCl. water. Total load was 221 bbls. Left shut-in 2 hrs. and flow back. Well died in 3 days. Total load recovery 121 bbls. Shut-in 1 day. TP = 100 psi. Open well - would not flow.

10/30/87 Move in & swab well. Swab down & recovered 48.5 bbl. Gassing some.

10/31/87 Shut-in overnight - TP = 180 psi. Bled down. FL @ 5500'. Swab down to 6300'. Gassing after swab runs. Bal. of load to recover at day's end = 17 bbl. Shut-in and move off swab unit.

11/1/87 SI approx. 37 hrs. TP = 1250 psig. Open well & blew down. Did not unload.

11/7/87 SI approx. 7 days. TP = 1900 psig. Open well & blew down. Did not unload.

11/12/87 Move in swab unit. Open well & blow down. Kicked off and flowed approx.

10 bbl. fluid & gassing some. Ran swab and recovered approx. 3½ bbl. fluid throughout balance of day. Well still gassing. Shut-in well.

12/3/87 Well check TP = 1675; CP = 1510. Remains shut-in account of weather. To resume evaluation of Miss. interval next spring.

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 Field Agent

DATE Jan. 14, 1988

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

NMOCC

