Form 9-331
Dec. 1973

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
Box 312, Otis, Kansas 67565

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL 2035' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
N00-C-14-20-4157

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo 5

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Beautiful Mtn Mississippian

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

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-21755

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5937 GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☒
(other)		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

JG 0 01985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 do not intend to complete the Pennsylvanian formation in this well at this time.

OCT 03 1986
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 _~signature~_   TITLE __Agent__   DATE __ACCEPTED FOR RECORD August 22, 1985__

(This space for Federal or State office use)   OCT 03 1986

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
FARMINGTON RESOURCE AREA
BY _Smn_

*See Instructions on Reverse Side

NMOCC