5. LEASE

N00-C-14-20-4158

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navaĵo
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
oo not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Navajo 32
1. oil 🔯 gas 🔯 other	9. WELL NO
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
S.E.R.H., Inc.  3. ADDRESS OF OPERATOR  3. F166 A-top AM 97/410	Big Gap Organ Rock
c/o A. R. Kendrick, Box 516, Aztec, NA 67410	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	0-32-T27N-R19W
AT SURFACE: 660' FSL 2150' FEL Sec. 32	12. COUNTY OR PARISH 13. STATE  San Juan New Mexico
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-22272
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5868 CR, 5880 KB
EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
EST WATER SHUT-OFF	
RACTURE TREAT	
EPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
ULL OR ALTER CASING  ULTIPLE COMPLETE  AUG 14	1986
HANGE ZONES	
BANDON* [] BUREAU OF LAND N	
O(mer)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine.  Intend to pull casing and set Bridge Plug @ 56	nt to this work.)*
Pressure test casing and run bond log to prove	
Perforate and test Organ Rock formation at variable. If well indicates to be commercial, in	t will be completed as a producer.
A small earthen (fenced) pit will be needed or of testing and cleanup operations.	n the location during the period
	(JG2 0 1386 W)
Subsurface Safety Valve: Manu. and Type	Set W
18. I hereby certify that the foregoing is true, and correct	1000
SIGNED AND SCUENCE TITLE Agent	DATE August 12 p 1986
(This space for Federal or State of	office use)
APPROVED BY TITLE TITLE	DATE A D D D O
COMPITIONS OF AFFROMES IN ARTHUR	APPROV

•See Instructions on Reverse Side

FUNAREA MANAGER