

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: 1820' FSL 975' FWL
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☒

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
Operating Agreement
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Nation 29
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
Big Gap Pennsylvanian
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-T27N-R19W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-25443
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5812 GR

RECEIVED

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

AUG 06 1985

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.)*

The Pennsylvanian perforations are above the packer @ 5856', behind the tubing, and are temporarily abandoned. (5612-5674')

RECEIVED
OCT 07 1986
OIL CON. DIV.
DIST. 3 Set @

Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED AR Kendrick TITLE Agent DATE August 2, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 03 1986

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY smm