

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
c/o A.R. Kendrick, Box 516, Aztec, NM 87410
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

5. LEASE Operating Agreement
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Navajo Nation 29
9. WELL NO. 6
10. FIELD OR WILDCAT NAME Big Gap Organ Rock (Ext)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, 127N, R19W
12. COUNTY OR PARISH San Juan
13. STATE New Mexico
14. API NO. 30-045-25443
15. ELEVATIONS (SHOW OF, KDB, AND WD) 5812 GR

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)

- Test Organ Rock

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

MAR 23 1987

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

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.)*

Intend to pull tubing and set Bridge Plug to shut off Mississippian perforations from 5892' to 6022' and Pennsylvanian perforations from 5612' to 5674'.

Verify casing competency.

Perforate and test Organ Rock formation at various depths from 3650' to 3900'.

If possible commercial production is indicated, the well will be completed in the Organ Rock formation.

A small earthen (fenced) pit will be required on the location during the periods of testing and cleanup.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED A.R. Kendrick TITLE _____ Agent _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

APPROVED
March 20, 1987
OIL CON. DIV.
MAR 25 1987
DIST. 8
FARMINGTON