

6 - USGS, Fmn

1 - McHugh

1 - Kenai

1 - File

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424

**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 ☐ gas ☐ other ☐ dry hole

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

P O Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

1650' FSL - 790' FEL

AT SURFACE:

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:

☐☐☐☐☐☐☐☐☐**RECEIVED**
JUL 15 1981U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

NM 23032

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

43

10. FIELD OR WILDCAT NAME

Gavilan P.C.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 2 T24N R2W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. API NO.

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

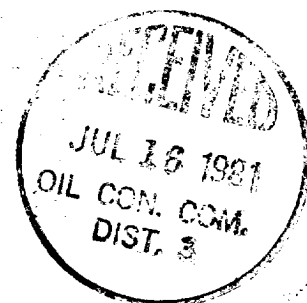
2285' GL

(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.)*

1. Squeeze 20 sx cement into Pictured Cliffs perfs and spot cement plug from 3391' to above top of Ojo Alamo at ~~3100'~~ 2940'2. Spot ~~100'~~ cement plug ~~2650 to 2550'~~ 2672' to 2562'3. Spot ~~100'~~ cement plug ~~2450 to 2350'~~ 2454' to 2344'

4. Leave casing for land owner for water well per land owner's request.



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

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

SIGNED _____ TITLE Agent DATE 7-15-81

Jim L. Jacobs

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

