

3 NMOCD 1 McHugh 1 File  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil &amp; Gas Lease No.

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 "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)OIL WELL ☐ GAS WELL ☒ OTHER-

Name of Operator

JEROME P. McHUGH

Address of Operator

P O Box 208, Farmington, NM 87401

Location of Well

UNIT LETTER N 790 FEET FROM THE South LINE AND 1850 FEET FROM  
THE West LINE, SECTION 2 TOWNSHIP 24N RANGE 2W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Santa

9. Well No.

1

10. Field and Pool, or Wildcat

Undes. Nacimiento

15. Elevation (Show whether DF, RT, GR, etc.)

7224' GL

12. County

Rio Arriba

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
JLL OR ALTER CASING ☐PLUG AND ABANDON ☒  
CHANGE PLANS ☐REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

3. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Plan to plug and abandon well as follows:

1. Spot 200' bottom plug from 2400-2600' using 30 sx cement.
2. Spot 100' plug from 1500-1600' using 15 sx cement.
3. Spot 100' plug from 50-150' using 15 sx cement.
4. Install dry hole marker with surface plug of 5 sx of cement
5. Clean up location and restore as specified.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

THOMAS A. DUGAN TITLE Petroleum Engineer

DATE 12-30-81

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

DATE JAN 4 1982

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY: