Form	9-331
0	1072

1 McHuah 5 RIM

		FOIL Approved:
l File	* Budget Bureau No. 42-R1424	
1 1116		

Dec. 19/3	UNITED STATES	5. LEASE
	DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM 23034 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY	NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this reservoir. Use Fo	form for proposals to drill or to deepen or plug back to a different rm 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil 😘	gas 🗇	Twilight Zone
well	well other	9. WELL NO.
2. NAME OF	OPERATOR	10 SISLE OR WILL DOAT NAME // D.d.
Jero	me P. McHugh	10. FIELD OR WILDCAT NAME (LI) (Co.). Gavilan Mancos/ Dakota
3. ADDRESS	OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
<u>Box</u>	208, Farmington, NM 87499	AREA
	OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 12, T24N, R2W, NMPM
below.) AT SURFACE: 1850' FSL - 1850' FEL AT TOP PROD. INTERVAL:		12. COUNTY OR PARISH 13. STATE Rio Arriba NM
AT TOTAL		14. API NO.
16 CHECK A	APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	,
REPORT,	OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7355' GL; 7367'RKB
REQUEST FO	R APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER	SHUT-OFF	The second secon
FRACTURE TI	REAT DECEIN	VED
SHOOT OR A		(NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR AL	TER CASING	change on Form 9–330.)
MULTIPLE CO	OMPLETE BELEAU OF LAND	
CHANGE ZON	NES DEMINISTRAL PROPERTY	Self. Her self that
ABANDON* (other)	XX Spud & Surf	ace Casing
	•	
17. DESCRIE including measure	BE PROPOSED OR COMPLETED OPERATIONS (Clearly st g estimated date of starting any proposed work. If well is d and true vertical depths for all markers and zones pertin	ate all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and lent to this work.)*
11-	hole at 4:30 PM on 11-18-84.	ng Company rig #2. Spudded 12½" Drilled to 240'. Ran 5 jts. of service casing (T.E. 221.57') set 5 sks class "B" plus 2% CaCl (147 cf (Cement circulated approx. 3 bbls.)
		AMENON (g. 120 - 120 to 120 t
		en e
Subsurface S	Safety Valve: Manu. and Type	Ft.
18. I hereby	certify that the foregoing is true and correct	11 10 04
SIGNED	Jim/L. Jacobs TITLE Geologist	DATE
- ()	(This space for Federal or State	office use) ACCEPTED FOR REGURD
APPROVED BY	Y TITLE	DEC 0.7 1984
CONDITIONS	OF APPROVAL, IF ANY:	nco A (1204

NWOCC

FARMINGTON ALBOUNDE AREA