

USGS Durango 1 Section 1 Mobil 1 File  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

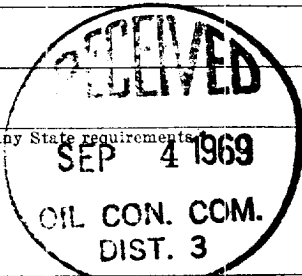
SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

approved.  
Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Cont. #98
2. NAME OF OPERATOR Jerome P. McHugh		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR Box 234, Farmington, N. M.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1190' fnl 1190' fw1		8. FARM OR LEASE NAME Jicarilla A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6912' Gr.		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Dakota & Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T26N, R3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N. M.



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

5/23/69 T.D. 214'. W.O.C. Spud 9:00 p.m., 5/22/69. Ran 7 jts. 8 5/8" csg. set at 212' R.K.B. Cemented with 175 sx. Class "A" w/2% Cacl. P.O.B. 12:30 a.m., 5/23/69. Cement circulated.

6/11/69 T.D. 8030'. wt. 9.3 vis 75  
Ran 245 jts. 5 1/2" O.D., 175, 15.0 and 140 K-55, 2R ST&C CFAI csg. T.E. 8035.29' set at 8032' R.K.B. Cemented first stage with 125 sx. Class "A" 8% gel. and 200 sx. Class "C" w/7 1/2% salt per sx. - good circulation while cementing - banded plug w/2000 psi. - float held O.K. P.O.B. 6:00 p.m., 6/10/69. Opened Baker stage tool at 5915' and circulated w/rig pump 3 1/2 hrs. - cemented second stage w/100 units HyS-400 w/1/4 cu. ft. gilsonite per unit (400 cu. ft.) - good circulation throughout job. P.O.B. 10:00 p.m., 6/10/69. Opened Baker stage tool at 3703' did not circulate - cemented third stage w/150 units HyS-400 (900 cu. ft.) - good circulation until 65 bbls. displacement pumped - lost circulation completely last 24 bbls. P.O.B. 10:45 p.m., 6/10/69.

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

SIGNED Original signed by  
Jim L. Jacobs

TITLE Agent

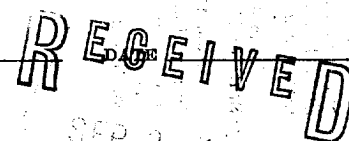
DATE 8/29/69

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side



U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.