

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 116	
2. NAME OF OPERATOR JEROME P. McHUGH		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR P O Box 809, Farmington, NM 87499		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 (NW/4 NW/4)		8. FARM OR LEASE NAME Tribal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7131' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T26N, R3W, NMPM	
		12. COUNTY OR PARISH Rio Arriba	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	Status <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.)*

The present zone is being evaluated and an AFE is being applied for, to test other zones in the well bore.

A Sundry Notice will follow within 30 days with our intentions.

RECEIVED
BLM MAIL ROOM
88 JUN -1 AM 11:44
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

FILED
1988
DIV. 1
3

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

SIGNED James S. Hazen
(This space for Federal or State office use)

TITLE Field Supt.

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUN 02 1988

FARMINGTON RESOURCE AREA

BY Sim

*See Instructions on Reverse Side

NMOCC