

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 type="checkbox"/> OTHER <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>Jicarilla Contract 116                |
| 2. NAME OF OPERATOR<br>JEROME P. McHUGH   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla                            |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface (SW/4 SE/4) |  | 8. FARM OR LEASE NAME<br>Tribal  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>5   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |  | 10. FIELD AND POOL, OR WILDCAT<br>Tadacito PE                                |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 16, T26N, R3W, NMPM |
|   |  | 12. COUNTY OR PARISH<br>Rio Arriba   |
|   |  | 13. STATE<br>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 PH 1:02  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
JUN 8 1988  
CON. DIV.  
DIST. 3

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

|  |                          |                         |
|--|--------------------------|-------------------------|
| SIGNED <u>James S. Hazen</u>                 | TITLE <u>Field Supt.</u> | DATE <u>5/27/85</u>     |
| (This space for Federal or State office use) |                          | ACCEPTED FOR RECORD     |
| APPROVED BY _____                            | TITLE _____              | DATE <u>JUN 02 1988</u> |
| CONDITIONS OF APPROVAL, IF ANY:              |                          |                         |

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
BY SMH