

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 116

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tribal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 16, T26N, R3W, NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

P O Box 809, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface (SW/4 SE/4)

790' FSL x 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, OR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Status

(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.)*

We are evaluating this well for recompletion potential.

RECEIVED

NOV 4 1992

OIL CON. DIV.
DIS

92 OCT 13 PM 1:57
DIS FARMINGTON, N.M.

RECEIVED
BLM

THIS APPROVAL EXPIRES SEP 01 1993

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

SIGNED Murphy Brasuel TITLE Field Supt. DATE 10/9/92
Murphy Brasuel

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NMOCD

*See Instructions on Reverse Side

NOV 08 1992
AREA MANAGER