

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐2. NAME OF OPERATOR
Jerome P. McHugh3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1850' FSL - 1520' FWLAT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
 FRACTURE TREAT ☐
 SHOOT OR ACIDIZE ☐
 REPAIR WELL ☐
 PULL OR ALTER CASING ☐
 MULTIPLE COMPLETE ☐
 CHANGE ZONES ☐
 ABANDON* ☐
 (other) Perf ☐

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

APR 21 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

4-14-80

Rigged up Jetronics and GR-CCL from PBTD (5912') to 5400' and perforated as follows:

5794-5808 (8 holes) 5754-5759 (5 holes) 5738-5748 (10 holes)

Set Baker Packer Model "R" at 5720 and pressure tested backside to 3000 psi. Casing checked good. Moved packer to 5785', installed valve on top to keep hole loaded. Western spotted 1 bbl of 15% HCl over each zone and packer was set @ 5785' KB. Western pumped down tbq and broke down zone @ 1150 psi and pumped 4 bbls of 15% HCl into zone. ISDP 1400 psi. Hooked up on backside and broke down with 2000 psi and pumped 6 bbls of 15% HCl into zone. ISDP 1500 psi. Shut well in.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Thomas A. Dugan TITLE Agent DATE 4-14-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

BY