

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR JEROME P. McHUGH	8. FARM OR LEASE NAME Anabel B
3. ADDRESS OF OPERATOR P O Box 809, Farmington, NM 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1860' FSL - 1680' FWL	10. FIELD AND POOL, OR WILDCAT Duffers Pt. Gallup Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T25N, R8W, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7201' GL; 7215' KB	12. COUNTY OR PARISH San Juan
	13. STATE NM

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input 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) Spud & Surface csg & test			
(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.)*

Moved in and rigged up LLL Drilling Co. Rig #2.
Spudded 12½" hole at 12:00 noon, 9-28-85. Drilled to 276' and ran 6 jts.
9-5/8" OD, 36#, K-55 casing. Set at 273' KB and cemented with 150 sx
Class "B" with 2% CaCl₂ + ¼#/sk celloflake. Cement circulated to surface.
Plug down at 11:00 PM, 9-28-85. W.O.C. 9 hrs. Pressure tested surface
casing to 1500 psi for 1/2 hr. Held OK.

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OIL CON. DIV
DIST. 3

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

SIGNED James S. Hazen TITLE Field Supt.

DATE 9/30/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE _____

*See Instructions on Reverse Side

NMOCC