

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 ☐ gas ☒
well well other2. NAME OF OPERATOR
Jerome P. McHugh3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1640' FNL - 1000' FEL
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) change out tbg		

5. LEASE
Contract 90

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chris

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 21 T27N R3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

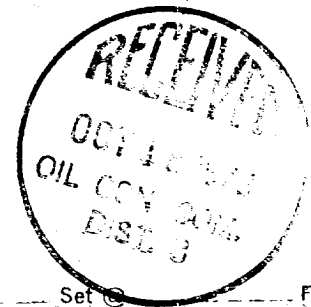
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7184' GR

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

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.)*

10-8-79 Laid down 189 jts 1-1/4" OD tbg.

10-9-79 Ran 193 jts 2-3/8" OD 4.7# CW-55 8R EUE tbg.
TE 6174.59' set @ 6182' RKB.

Safety Valve: Manu. and Type

Set @ Ft.

I hereby certify that the foregoing is true and correct

BY

Thomas A. Dugan

TITLE

Agent

DATE

10-12-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: