

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. Contract 90 |
| 2. NAME OF OPERATOR Jerome P. McHugh | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL - 790' FEL | 8. FARM OR LEASE NAME Chris |
| | 9. WELL NO. 3A |
| | 10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21 T27N R3W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH Rio Arriba |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7160' GR | 13. STATE NM |

18. 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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input checked="" type="checkbox"/> |
| CHANGE PLANS | <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.)*

9-15-78 Ran 194 jts 2-3/8" OD 4.7# K-55 8R EUE tbg set at 6070' RKB with Baker Model "R" single grip packer set at 4217' RKB. Installed well head, swabbed well 4 hrs.



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

SIGNED

Thomas A. Dugan
Thomas A. Dugan

TITLE Agent

DATE 4-6-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: