

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

1. Form approved
Budget Bureau No. 45-R1421

5. LEASE DESIGNATION AND SERIAL NO.
Contract 90

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chris

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

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

Sec 9, T27N, R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. ☐ OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

P. O. Box 234, Farmington, NM 87401

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

990' FNL - 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, BE, CG, etc.)

6938' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF* ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

tbq ☒

(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.)*

10-2-78

Opened well. Rigged up and ran 1-1/4" OD 2.4# V-55 10R EUE tbq.
Tagged sand @ 5990' RKB. Landed 179 jts. TE 5934.55' set @ 5946'
RKB. Nippled down BOP. Nippled up wellhead. Well flowing through
tbq w/show gas. Left well flowing to pit.

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

SIGNED

Thomas A. Dugan
Thomas A. Dugan

TITLE Agent

DATE 12-19-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: