5 BLM, Fmn   1 McHugh   1 File

Form 9-331
Dec. 1973

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 [XX]   gas well [ ]   other

2. NAME OF OPERATOR
   Jerome P. McHugh

3. ADDRESS OF OPERATOR
   P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 1980' FSL - 1980' FWL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

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

5. LEASE
   NM 16470

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Bengal A

9. WELL NO.
   1

10. FIELD OR WILDCAT NAME
    Gallegos Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 1, T26N R12W, NMPM

12. COUNTY OR PARISH   13. STATE
    San Juan   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    5998 GL

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[ ]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[XX]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

(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.)*

This well has developed a casing leak. Plan to locate leak, squeeze, and return well to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jim L. Jacobs   TITLE Geologist   DATE 12-27-83

(This space for Federal or State office use)

APPROVED BY   TITLE   DATE   Robert Moore
CONDITIONS OF APPROVAL, IF ANY: acting

NMOCC