

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-04521859
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L 4640-1
7. Lease Name or Unit Agreement Name Chaco Plant
8. Well No. 4
9. Pool name or Wildcat <i>WAW FRT</i> <i>Under</i> Pictured Cliffs

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator JEROME P. McHUGH
3. Address of Operator P O Box 809, Farmington, N.M. 87499-0809
4. Well Location Unit Letter <u>M</u> : <u>710</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>26N</u> Range <u>12W</u> NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6016' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION IS:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Plan to P & A as follows:

Rig up on 2-7/8" casing and pump 42 sk of Class "B" cement to fill casing from TD to surface. (50 cu.ft.).

Shut in well and allow for cure time.

Cut off well head and surface casing 4' below ground level and install dry hole marker.

Will clean and restore location per instructions from surface management agency.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE James S. Hazen TITLE VP of Operations DATE 4/26/91
TYPE OR PRINT NAME James S. Hazen TELEPHONE NO. _____

(This space for State Use)

Original Signed by **CHARLES GHOLSON**

APPROVED BY _____ TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE APR 30 1991

CONDITIONS OF APPROVAL, IF ANY: