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Form 9-331 UNITED STATES SUBMIT IN TRIPLICATES (Other instructions on red) DEPARTMENT OF THE INTERIOR verse side)	
GEOLOGICAL SURVEY	NM 12028 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	
OIL GAS X OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Jerome P. McHugh	Chaco Plant
3. ADDRESS OF OPERATOR	9. WELL NO.
Box 234, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
At surface 1500' FNL - 960' FWL	Undesignated - PC 11. sec., T., B., M., OR BLK. AND SURVEY OR AREA
	Sec 21, T26N, R12W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
6030' GR	San Juan NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, or Company of the Check Appropriate Box To Indicate Nature of Notice, Report, Nature Natur	
NOTICE OF INTENTION TO:	UENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	ABANDONMENT* Running Tubing X
REPAIR WELL CHANGE FLANS (Other) (NOTE: Report result Completion or Recom)	s of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates proposed work. If well is directionally drilled, give subsurface locations and measured and true vertice nent to this work.)*	cal depths for all markers and zones perti
1-1-76 Moved in and rigged up Farmington Well Service swabbing unit. 2.4# CW-55 10R EUE "B" condition tbg, cross pin in btm jt. TGR. Installed wellhead and valves. Rigged down Farmington Wplete 3:45 PM 12-31-75.	E 1141.58' set @ 1142'
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JAN 2 9 1976 JAN 2	3 -
	8 1976 CAL SURVEY
JAN 2 9 1976 JAN 2 9 1976 OIL OOM. COM. DIST. 3 U. S. GEOLOG	8 1976 CAL SURVEY
JAN 2 9 1976 JAN 2 9 1976 U. S. GEOLOGI EARMINGTO 18. I hereby certify that the foregoing is true and correct SIGNED	8 1976 CAL SURVEY
JAN 2 9 1976 JAN 2 9 1976 U. S. GEOLOG DIST. 3 U. S. GEOLOG FARMINGTO	8 1976 CAL SURVEY N. M.