

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 ☐ gas ☒ other ☐  
well well XX
2. NAME OF OPERATOR  
Jerome P. McHugh
3. ADDRESS OF OPERATOR  
Box 234, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1800' FNL - 990' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) XX

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
NM 13752
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Chaco Plant
9. WELL NO.  
#9
10. FIELD OR WILDCAT NAME  
Undesignated PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 5 T26N R12W
12. COUNTY OR PARISH 13. STATE  
San Juan NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5938' GR

(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.)\*

Plan to plug and abandon well as follows:

1. Spot cement plug from 1220 - 1100'
2. Spot surface plug from surface to 250'
3. Cut casing below ground level
4. Clean up location



Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft

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

SIGNED

Thomas A. Dugan

TITLE Agent

DATE

5-23-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Gymacc

\*See Instructions on Reverse Side

\*See Instructions on Reverse Side