

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chaco Plant

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Undesignated - PC

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

Sec 22, T26N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

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

1850' FSL - 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6151' 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

X

## SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Plan to attempt Pictured Cliffs completion 1235-1242' and Fruitland completion 954-962' and commingle production.



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

SIGNED

Thomas A. Dugan

TITLE

Engineer

DATE

6-21-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: