

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Date approved:
Bureau No. 42-1147A
5. LEASE, MINERATION AND SERIAL NO.

NM 26354

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Jerome P. McHugh	8. FARM OR LEASE NAME Chaco Plant
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401	9. WELL NO. 20
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1500' FNL - 900' FEL	10. FIELD AND POOL, OR WILDCAT Wagon Wheel - PC High PC Extension
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27 T26N R12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6153' GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data.

NOTICE OF INTENTION TO:		SUBSEQUENT 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* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>spud and surface csg</u>	

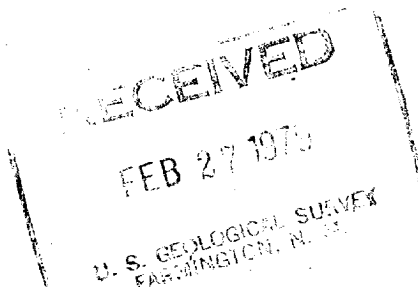
(Other) _____

(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 and 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.)

2-24-79

Moved in and rigged up Morrow Drilg. Co. Spudded 7-7/8" hole @ 9:45 a.m. Drlg to 39'. Ran 1 jt 5-1/2" OD 14# ST&C csg. TE 38.42' set @ 39'. Cemented w/7 sx. Job complete 11:45 a.m. 2-23-79. WOC 12 hours. Drlg 4-3/4" hole w/wtr. Lost circulation @ 80'.



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

SIGNED <u>Thomas A. Dugan</u>	TITLE <u>Agent</u>	DATE <u>2-26-79</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		