

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1423

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br>Jerome P. McHugh   |  | 8. FARM OR LEASE NAME<br>Chaco Plant                                 |
| 3. ADDRESS OF OPERATOR<br>Box 234, Farmington, NM 87401   |  | 9. WELL NO.<br>20  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>1500' FNL - 900' FEL |  | 10. FIELD AND POOL, OR WILDCAT<br>Hipp PC Extension                  |
| 14. PERMIT NO.  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 27 T26N R12W |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6153' GR  |  | 12. COUNTY OR PARISH<br>San Juan                                     |
|   |  | 13. STATE<br>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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) perf & tbg                             | XX                                       |

(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.) \*

4-4-79

Moved in FWS swabbing unit. Blue Jet ran Gamma Ray correlation and collar logs. PBTD 1258'. Swabbed 2-7/8" csg down to 900' - perf w/10 2-1/8" glass jets (1 per foot) 1190-1200'. (Had one miss run and pulled charges out of bi-wire while coming out of hole - had to pick up sinker bars and drive charges to bottom). Swabbed hole down after perforating - no indication of gas or fluid entry.

4-11-79

Moved in and rigged up FWS swabbing unit. Ran 37 jts 1-1/4" OD 2.4# V-55 10R EUE tbg. TE 1197.50' set @ 1195' GR. Has cross pin in bottom joint for swab stop. Landed tbg and nipped up wellhead. Shut well in for IP test. Rigged down swabbing unit.

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

SIGNED

*Thomas A. Dugan*  
Thomas A. Dugan

TITLE

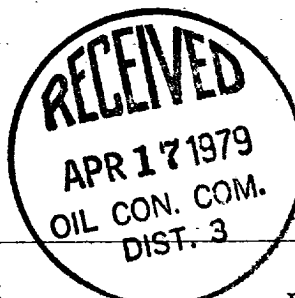
Agent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



DATE

4-12-79

DATE