

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other Instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 <input type="checkbox"/>	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 Waco - Nipp-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 ON:	
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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)\*

4-9-79

Acidized well by Allied Services w/250 gals 15% HCl reg acid. Breakdown pressure 1500 psi. Treated @ 2 B/M @ 400 psi. Dropped 5 ball sealers in acid - very slight pressure increase when balls hit perfs. Flushed with 8 bbls wtr - used 2 gals liquid soap. ISDP 200 psi on vacuum in 5 minutes. Moved in Farmington Well Service swabbing unit. Rigged up and swabbed well in. Left flowing to atmosphere 4 hrs. Making estimated 100 MCFGPD. Shut well in.



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

SIGNED

  
Thomas A. Dugan

TITLE

Agent

DATE

4-12-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC

\*See Instructions on Reverse Side