

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM-61</u>	
2. NAME OF OPERATOR <u>Jerome P. McHugh</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Box 234, Farmington, NM 87401</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1670' FNL - 1750' FEL</u>		8. FARM OR LEASE NAME <u>Chaco Plant</u>	
14. PERMIT NO.		9. WELL NO. <u>24</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6258' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Nipp PC Extension</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 36, T26N, R12W</u>	
		12. COUNTY OR PARISH <u>San Juan</u>	13. STATE <u>NM</u>

18. 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) *

This well was plugged and abandoned 9-21-76 in the following manner:

Spotted 15-sk cement plug 1380-1250'

Spotted 15-sk cement plug 400-275'

Spotted 5-sk cement plug 50-5'

Cut off 5-1/2" casing 5' below ground level

Did not erect dry hole marker

Cleaned up location.



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

SIGNED Thomas A. Dugan TITLE Engineer DATE 9-28-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 30 1976

CONDITIONS OF APPROVAL, IF ANY: