gas

well

Jerome P. McHugh 3. ADDRESS OF OPERATOR

X

1. oil

well

.h Erch

2. NAME OF OPERATOR

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.)

other

Box 208, Farmington, NM 8s4701

Budget Bureau No. 42-		orm Approved. Judget Bureau No: 42–R142	R424
ſ	5. LEASE	<u> </u>	_
	NM 16471		
	6. IF INDIAN, ALLOT	TEE OR TRIBE NAME	
	J = 3		
	7. UNIT AGREEMEN	T NAME	
ıt	<u> </u>	. 1 ,	
	8. FARM OR LEASE I	· · · · · · · · · · · · · · · · · · ·	
	Bengal B		_
_	9. WELL NO.		
	4 3 3 3		_
	10. FIELD OR WILDCA		
	South Ga	llegos FR PC	
		OR BLK. AND SURVEY (ЭR
7	AREA		
	Sec 2 ² T20	· · · · · · · · · · · · · · · · · · ·	
	12. COUNTY OR PAR		
	San Juan	NM -	
	14. API NO.	19 - 19 2 원리 (H	
Ξ,	<u> </u>		
		IOW DF, KDB, AND W	D)
	5948' GR	<u> </u>	_

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.) -900' FSL - 790' FWL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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 plug and abandon this well in the following manner Spot 20 sx cement plug @ 1260' 1. Spot 20 sx cement plug @ 260' 2. Spot 5 sx cement plug in bottom of surface csg @ 40 Cut off 7" surface csg 4' below GR and level location Verbal approval obtained from Mr. Errol Beecher 10-2-79 Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct Agent TITLE (This space for Federal or State office use) TITLE DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: NMOCC