

5 - USGS, Fmn

1 McHugh

1 File

Form 9-331
Dec. 1973Form Approved
Budget Bureau No. 42-R1424UNITED 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 different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

P O Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)

AT SURFACE: 1450' FNL - 1850' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☒
ABANDON* ☐
(other)

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐5. LEASE
NM 12028

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chaco Plant

9. WELL NO.

3J

10. FIELD OR WILDCAT NAME

WAW Fruitland PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 20 T26N R12W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

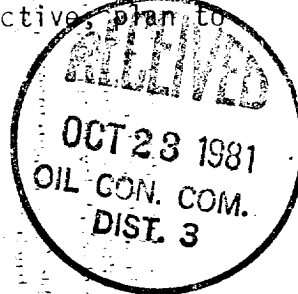
15. ELEVATIONS (SHOW DF, KDS, AND WD)

6018' GL

(NOTE: Report results of multiple completion or zone change on Form 9-333)

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.)*

Request permission to plug back Pictured Cliffs formation using 4 sx cement, displace to 1110'. Plan to test Fruitland Formation by selectively perforating the intervals 1076-1098, 1018-1025, 997-1002. If deemed productive, plan to complete well.



Subsurface Safety Valve: Make and Type

Set @ Ft.

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

SIGNED

TITLE

Agent

DATE

10-15-81

(This space for Federal or State office use)

APPROVED BY

TITLE

For ACTING SUPERVISOR

DATE

OCT 21 1981

CONDITIONS OF APPROVAL, IF ANY.

m3

*See Instructions on Reverse Side

NMOCC

KI