

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 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  
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1450' FNL - 1450' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                          | SUBSEQUENT REPORT OF: |                          |
|--------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| (other)                  | <input type="checkbox"/> |                       | <input type="checkbox"/> |

5. LEASE  
NM-61
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Chaco Plant
9. WELL NO.  
#36
10. FIELD OR WILDCAT NAME  
WAW Fruitland PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 36 T26N R12W
12. COUNTY OR PARISH  
San Juan
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6215 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

8-17-79 Moved in FWS swabbing unit. Blue Jet ran gamma ray correlation and collar logs. PBTD 1297'. Swabbed 2-7/8" csg down to 900'. Perf w/1 2-1/8" glass jet per foot 1242-1252 (10 holes). Swabbed csg down. No indication of fluid entry. Very slight show of gas ahead of swab.

8-29-79 Allied Services, Inc. acidized perfs 1242-1252' w/250 gals. 15% HCl regular acid. BD pressure 1500 psi. Treated @ 800 psi and then acid was flushed w/8 bbls water. Well was on vacuum in two minutes.

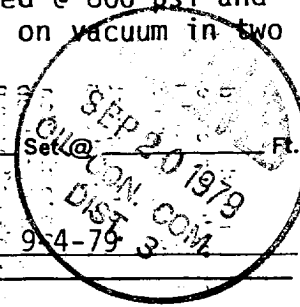
Subsurface Safety Valve: Manu. and Type

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

SIGNED Thomas A. Dugan TITLE Agent DATE 9-4-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



nmcc