Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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.)

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.	37
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)	6283' GR

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' FSL - 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	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

(other) _____

(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 1337'. Swabbed 2-7/8" csg down to 900'. Perf w/1 2-1/8" glass jet per foot 1269-1279' (10 holes). Swabbed csg down - no indication of fluid entry w/show of gas ahead of swab.

8-29-79   Added 1.7 gal. soap then Allied Services, Inc. acidized perfs 1269-1279' w/250 gals 15% HCl regular acid. BD pressure 1750 psi. Treated @ 700 psi and then acid was flushed w/8 bbls water. Well went into a vacuum 1/2 minute before flush pump was complete.

Subsurface Safety Valve: Manu. and Type _____   Set @ _____ Ft.

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

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

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side