

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 other2. NAME OF OPERATOR
Jerome P. McHugh3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
820' FSL - 1850' FEL
AT SURFACE:
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:

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U. S. GEOLOGICAL SURVEY,
FARMINGTON, N. M.

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

5. LEASE

NM 622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chaco Plant9. WELL NO.
12J10. FIELD OR WILDCAT NAME
WAW Fruitland PC11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 22 T26N R12W12. COUNTY OR PARISH
San Juan13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6128' GL

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.)*

4-29-80 Rigged up Farmington Well Service swabbing unit. Ran GR-CCL log. by Southwest Surveys. Swabbed 2-7/8" tubing to 900'. Perforated with 10 2-1/8" glass jets 1199-1204'. Swabbed well dry. No indication of gas or water entry.

4-30-80 Allied Services acidized perms with 250 gals 15% HCL. Breakdown pressure 1800 psi. Treating pressure 750 psi at 2 1/2 BPM. Swabbed well. No show of gas. Well making small amount of water.

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

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

SIGNED _____ Thomas A. Dugan TITLE _____ Agent DATE _____ 2-4-82

(This space for Federal or State office use)

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

MOC

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FARMINGTON DISTRICT