

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.)  
1850' FNL - 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) ☐ CSG

## SUBSEQUENT REPORT OF:

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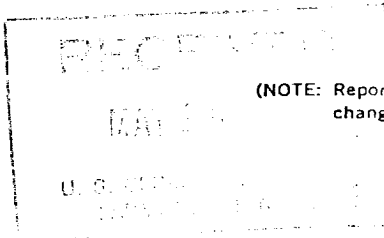
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE  
NM 26354

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Chaco Plant

9. WELL NO.  
#20R

10. FIELD OR WILDCAT NAME  
WAW Fruitland PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 27 T26N R12W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6138' 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.)\*

5-8-80

TD 1250'. Finished drilling 5" hole. Conditioned hole. Laid down drill pipe. Ran log by Southwest Surveys (SP, gamma ray, resistivity and density). Rigged up and ran 43 jts 2-7/8" OD 6.4# 10R NEUE tbg for csg. TE 1233.23' set @ 1232' GL. Cemented w/75 sx 2% Iodense w/1/4# cello flake per sx followed by 50 sx class "B" w/1/4# cello flake per sx. Reciprocated pipe OK throughout job. POB 3:15 p.m. 5-8-80. Estimated cement top - 100'.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Jim E. Jacobs TITLE Agent DATE 4-4-80

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAY 16 1980

NMCCC