

**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:

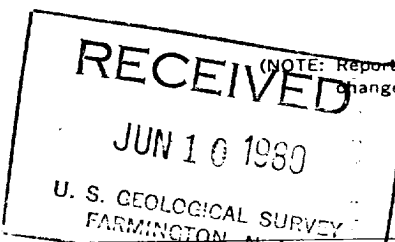
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:

☐
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(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.)*

6-4-80

Rigged up Farmington Well Service and Southwest Surveys. Ran GR/CLL from PBTD (1198) to 700'. GR/CLL depths are set back to the open hole electric log. Swabbed hole down to 850'. Perforated 1156-1162', 1 spf, 6 holes and 1166-1174', 1 spf, 8 holes, total of 14 shots w/2-1/8" bi wire glass jets. Swabbed well down w/iron.

6-6-80

Rigged up Farmington Well Service and Allied Services acid truck. Opened well, pumped 75 gals 15% HCl w/I-15 inhibitor, dropped 7 ball sealers, pumped 175 gals 15% HCl w/I-15 rust inhibitor and displaced to perms w/6.7 bbls of water. Breakdown pressure 1100 psi. Acid and water pumped @ 2-1/2 B/M @ 250 psi. LSPD TSTM. Well shut in.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Thomas A. Dugan TITLE Agent DATE 6-9-80

(This space for Federal or State office use)

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

RMH:CG

