

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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 ☐ gas ☒  
well well other2. NAME OF OPERATOR  
Jerome P. McHugh3. ADDRESS OF OPERATOR  
P O Box 208, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 890' FNL - 1850' 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) ☐☒  
☐  
☐  
☐  
☐  
☐  
☐  
☐5. LEASE  
NM 16470

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

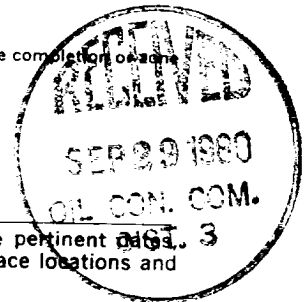
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bengal A9. WELL NO.  
#4R10. FIELD OR WILDCAT NAME  
South Gallegos FR11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 1 T 26N R12W12. COUNTY OR PARISH  
San Juan13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5987'

(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 data, 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.)\*

Moved in and rigged up Morrow Drlg. Co. rig. Spudded 8-3/4" hole @ 3:30 p.m. Drilled to 85'. Ran 2 jts. 7" O.D. 26#, 8 Rd, ST&C csg. T.E. 84.30' set @ 85' G.L. Cemented w/ 35 sks class "B" neat (cement circ.) P.O.B. @ 6:30 P.M., 9-22-80.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Thomas A. Dugan TITLE Agent DATE 9-23-80

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side