Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	1
	N00-C-14-20-4322
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Allotted
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposa <mark>ls to drill or to deepen or plug b</mark> ack to a different eservoir, Use Form 9–331–C for <mark>such pr</mark> oposals.)	0.510110011001
	O. FARM OR LEASE NAME
1. oil gas well XX other	_Chaco_Plant
	9. WELL NO.
2. NAME OF OPERATOR	18R
Jerome P. McHugh	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	P.C. Undesignated J. Salleges to Ex
P O Box 208, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	· ·
below.)	Sec 13 T26N R12W
AT SURFACE: 830' FNL - 2070' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan NM
AT TOTAL DEFIN.	14. API NO.
.6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECLIFOT FOR APPROVAL TO	_5990' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	Manufacture and Manufacture and
EST WATER SHUT-OFF TRACTURE TREAT TO RECEIVE	VFD)
CHOOT OR ACIDIZE	W Breef Reco
<u> </u>	1000NOTE: Report results of multi-
PULL OR ALTER CASING \(\begin{array}{cccccccccccccccccccccccccccccccccccc	982NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES 🔲 U. S. GEOLOGICAI	L SURVEY
ABANDON* XX FARMINGTON,	N. M.
other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined Request permission to plug and abandon as	directionally drilled, give subsurface locations and nt to this work.)*
1. Fill 2-7/8" O.D., 6.4#, 10 Rd, CW	V-55, NEUE tubing for casing

- with 36-40 sx cement.
- Install permanent dry hole monument.
- 3. Fill all pits.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

- Clean well location of all equipment, pipe, junk, and trash. Restore surface per surface management agency's stipulations
- 5.
- Cut off tie-downs.

Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct 10-22-82 Agent DATE

(This space for Federal or State office use)

DATE

*See Instructions on Reverse Side

JAMES F. SIMS DISTRICT ENGINEER