

Form 9-311  
(May 1963)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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 "APPLICATION FOR PERMIT—" for such proposals.)

<b>1. OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b> NM 12030
<b>2. NAME OF OPERATOR</b> Jerome P. McHugh		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
<b>3. ADDRESS OF OPERATOR</b> Box 234, Farmington, NM 87401		<b>7. UNIT AGREEMENT NAME</b>
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1500' FSL - 1500' FWL		<b>8. FARM OR LEASE NAME</b> Nassau
<b>14. PERMIT NO.</b>		<b>9. WELL NO.</b> 7
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 5988' GR		<b>10. FIELD AND POOL, OR WHPCAT</b> Undesignated - PC
		<b>11. SEC., T., R., M., OR BEK. AND SURVEY OR AREA</b> Sec 36, T27N, R12W
		<b>12. COUNTY OR PARISH</b> <b>13. STATE</b> San Juan NM

**16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data.**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Completion <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

**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.)\*

2-25-77      Moved in Farmington Well Service swabbing unit. Go Wireline ran gamma-ray correlation and collar log. Swabbed csg down to 1000'. Go perforated w/l 2-1/8" glass jet/ft (8 holes) 1406-1414'. Swabbed csg dry, no indication of gas or wtr entry. Perforated 1344-1348' and 1329-1332' w/l 2-1/8" glass jet/ft (7 holes). Well making est 25-50 MCFGPD from upper perms. Shut well in and moved off.

3-4-77      Treated well down 2-7/8" csg w/250 gals 15% Reg acid treated w/liquid soap. Dropped 13 ball sealers in acid, pressure increased from 500 psi to 1200 psi and broke back to 700 psi @ 2 BPM. Followed acid w/10 bbls wtr. Swabbed well in making est 100-125 MCFGPD. Prep to run tbq.

3-5-77      Ran 44 jts 1-1/4" OD 2.4# V-55 10R EUE tbq w/cross pin on btm. TE 1433.87' set @ 1431' GR. Blew well to atmosphere one hr. Shut well in and rigged down Farmington Well Service.

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

SIGNED Thomas A. Dugan      TITLE Engineer      DATE 2-11-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 8-1977

CONDITIONS OF APPROVAL, IF ANY: