

5 - USGS 1 - McHugh 1 - El Paso Exploration 1 - File

Form 9-331  
Dec. 1973

1 - Conoco

Form Approved.  
Budget Bureau No. 42-R1424

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

P O Box 203, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1100' FSL - 800' 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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☒ 4½" csg.

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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.)\*

3-24-81

Ran 182 jts. (17 jts. 4½" OD, 11.6#, K-55, 8 Rd., ST&C csg. & 165 jts. 4½" OD, 10.5#, K-55, 8 Rd, ST&C csg.)  
T.E. 7507.91' set at 7496' RKB. Cemented by HOWCO w/ 275 sx Halliburton lite w/ .3 of 1% L.W.L. 6¼# Gilsonite per sx - 35% silica flour - 3/4% CPR-2 followed by 100 sx class "B" w/ 6¼# Gilsonite per sx, .8 of 1% Halad 22A and .3 of 1% HR12 (total slurry 545.5 cu.ft.) - spearheaded job w/ 10 bbls gel wtr. Maximum cementing pressure 800 psi. bumped plug w/ 1200 psi; float held OK. P.O.B. at 9:30 a.m. 3-23-81. Nippled down B.O.P.. Set 4½" slips; cut off csg. and released rig at 10:30 a.m. 3-23-81.

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 3-25-81

(This space for Federal or State office use)

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

NMOCC