

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR JEROME P. McHUGH	8. FARM OR LEASE NAME Carracas Unit 34 A
3. ADDRESS OF OPERATOR P O Box 809, Farmington, NM 87499	9. WELL NO. #5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL - 1190' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6357' GL; 6369' KB
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T32N, R5W, NMPM	12. COUNTY OR PARISH Rio Arriba
13. STATE NM	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Correction
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

CORRECTION: Reached TD of 8160' on 10/16/87.

RECEIVED
BLM MAIL ROOM

88 JAN 21 AM 9:08

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
FEB 1 0 1988
OR CON. DIV.
DIST. 2

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

SIGNED James S. Hazen
(This space for Federal or State office use)

TITLE Field Supt.

DATE 1/20/88

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AMOCCE

*See Instructions on Reverse Side