

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 23039	
2. NAME OF OPERATOR JEROME P. McHUGH		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O Box 809, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL - 1850' FWL		8. FARM OR LEASE NAME Full Sail	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7108' GL; 7120' KB		10. FIELD AND POOL, OR WILDCAT Gavilan Mancos/G-G-G Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T25N, R2W, 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:		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 COMPLETION <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 checked="" type="checkbox"/>	(Other) <input 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.) *

Plan to change cementing program as follows:

Set 5½", 15.5 & 17# casing at 8200' in 7-7/8" hole in 3 stages with stage tools at 3600' & 5900' -

1st stage 400 sx 50/50 Poz w/ 2% gel & 6½#/sk gilsonite + ¼#/sk flocele (556 cu.ft.)

2nd stage 210 sx 65/35 Poz w/ 12% gel + 6½#/sk gilsonite + ¼#/sk flocele & 310 sx 50/50 Poz w/ 2% gel + ¼#/sk flocele (981 cu.ft.)

3rd stage 450 sx 65/35 Poz w/ 12% gel + ¼#/sk flocele followed by 100 sx 50/50 Poz w/ 12% gel (1318 cu.ft.)

Total slurry 2855 cf

Cement top on the first stage is to be ±5900'; second stage, ±3600'; third stage, surface.

Exact cement volume to be calculated from caliper log prior to cementing.

RECEIVED

SEP 18 1985

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

SIGNED

James S. Hazen
James S. Hazen

TITLE

Field Supt.

OIL CON. DIV.

DATE

9/10/85

DIST. 3

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side