

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

JEROME P. McHUGH

3. ADDRESS OF OPERATOR

P O Box 809, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

990' FSL - 1850' FEL

RECEIVED

NOV 06 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

CONFIDENTIAL

5. LEASE DESIGNATION AND SERIAL NO.

NM 23032

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

New Horizon

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

*Gavilan Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 2, T24N, R2W, NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

7253' GL; 7265' KB

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) Cement top

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.) *

9-17-85 Ran cement bond log from PBTD of 8013' to 6500' and from 3000' to 800'. Cement top at 900'.

RECEIVED
NOV 12 1985
OIL CON. DIV.
DIST. 3

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

SIGNED

James S. Hazen

TITLE Field Supt.

DATE 11/4/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC