STATE OF NEW MEXICO 3 NMOCD 1 DE 1 Dugan File	
OIL CONSERVATION DIVISION P. O. BOX 2088	Form C-103 Revised 10-1-78
SANTA FE, NEW MEXICO 87501 FILE U.S.O.S.	Sa. Indicate Type of Lease
LAND OFFICE OPERATOR	State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DELPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" FORM C-1011 FOR SUCH PROPOSALS.)	
1. OIL XX GAB OTHER.	7. Unit Agreement Name
2. Name of Operator JEROME P. McHUGH	8. Farm of Lease Name Loddy
P O Box 809, Farmington, NM 87499	9. Well No.
4. Location of Well UNIT LETTER F . 1750 FEET FROM THE NORTH LINE AND 1750 FEET FROM	10. Field and Pool, or Wildcan Gavilan Mancos
THE West LINE, SECTION 20 TOWNSHIP 25N RANGE 2W NMPA.	
15. Elevation (Show whether DF, RT, GR, etc.) 7155' GL; 7167' KB	12. County Rio Arriba
Check Appropriate Box To Indicate Nature of Notice, Report or O I NOTICE OF INTENTION TO: SUBSEQUENT	ner Data REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING . CASING TEST AND CEMENT JOB	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
Plan to temporarily abandon the Dakota formation, since it does to be economically feasible to produce at this time. The Dakot has not been perforated and was properly demented during the prijob.	not appear a formation
Plan to complete only the Gavilan Mancos formation at this time	•
	SEP 16 1885 CON. DIV.
	DIST. 3
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	DATE 9/12/85

SUPERVISOR DISTRICT PA 3

DATE SEP STORE

Original Signer by FRANCE (A. 182

CONDITIONS OF APPROVAL, IF ANY: