

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 ☒ 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
1420' FSL - 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7096' GL; 7108' RKB

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
NM 23039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Full Sail

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Gavilan-Grnhn-Graneros
Dakota & Gavilan Mancos

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 30, T25N, R2W, NMPH

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) TD, 5 1/2" csg. & cement	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
CELL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.) *

See attached for TD, 5 1/2" casing & cement.

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OIL CON. DIV.
BLM

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

SIGNED Murphy Brasuel TITLE Field Supervisor DATE 11/26/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

DEC 04 1986

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY 693

JEROME T. MATHIAS
Fall 8all #4

Seamed 70 of 8000 - 11/27/86

Ran 147 lbs. 5-1/2" x 30. 4 hrs. 17m. 1181 gal. (4/85.11)
50 lbs. 5-1/2" x 30. 4 hrs. 17m. 1182 gal. (3324.98)
Landed casing at 2750'.

Cemented 1st stage as follows:

10 bbls. mud flush followed by

370 ex 50/50 pot with 10% gel, 1/4 #/oz. Kollite & 1/4 #/oz. celloflake
(514 cu.ft.)

Ramped plug at 1 hr. 11/14. Casing and circulated 3 hrs. with full returns.

2nd stage started at 4:20 pm.

10 bbls. mud flush followed by

122 ex 65/35 pot with 10% gel, 1/4 #/oz. Kollite &

110 ex 50/50 pot with 10% gel, 1/4 #/oz. Kollite & 1/4 #/oz. celloflake
(836 cu.ft.)

Ramped plug at 5:20 pm. Hold 60.

Circulated with full returns.

Cemented 3rd stage as follows:

10 bbls. mud flush followed by

305 ex 65/35 pot with 10% gel, 1/4 #/oz. Kollite &

75 ex 50/50 pot with 10% gel, 1/4 #/oz. Kollite & 1/4 #/oz. celloflake
(1102 cu.ft.)

Ramped plug at 12:10 am & held.

Full returns on last stage until 50 bbls. into displacement.

Slowed rate to 3 bbls. per min. & regained full returns.

Cement circulated to surface.

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