

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5200	
2. NAME OF OPERATOR JEROME P. McHUGH		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
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 930' FSL - 800' FWL		8. FARM OR LEASE NAME Lost Wapiti 15	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6390' GL; 6402' KB		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 15, T25N, R11W, NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)

Plan to change surface casing size from 9-5/8", as approved on the APD, to 8-5/8", 24# per ft. There will be no change in the size of the hole (12-1/4") or the amount of cement used (150 cu.ft. circulated to surface).

RECEIVED
PLATEAU ROOM
87 NOV 12 AM 10:24
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

NOV 16 1987
OIL CON. DIV.
DIST. 3

18. I hereby certify that foregoing is true and correct

SIGNED

TITLE

Field Supt.

DATE

11/9/87

James S. Hazen

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

*See Instructions on Reverse Side

APPROVED
AREA MANAGER