

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P & A		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 790' FSL - 1500' FWL		5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5339		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Chaco Plant		9. WELL NO. #19R		10. FIELD AND POOL, OR WILDCAT NIPP-Pictured Cliffs Ext.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T26N, R12W, NMPM		12. COUNTY OR PARISH San Juan		13. STATE NM	
14. PERMIT NO.				15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6103' GL																					

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Marker cut off	<input checked="" type="checkbox"/>		<input checked="" 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.)*

After consultation with Don Ellsworth of BLM and Henry Nakai of NAPI, the dry hole marker was cut off 8' below the surface as directed by Linda Taylor of the Farmington Indian Minerals Office. Work was completed 7/18/94. No stake or marker is in place.

Since the well was never connected to a pipeline, there were no flow lines or gathering lines to remove.

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

SIGNED

Fran Perrin

TITLE Regulatory Liaison

DATE 8/9/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

PROVED

MAY 18 1995

DISTRICT MANAGER

*See Instructions on Reverse Side

NMOCD