Form 9-331
(May 1963)

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 16471

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☒   OTHER

2. NAME OF OPERATOR

Jerome P. McHugh

3. ADDRESS OF OPERATOR

Box 234, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1250' FNL - 190' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bengal B

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

South Gallegos PC Fruitland

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

Sec 2 T26N R12W

14. PERMIT NO.

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

5961' GR

12. COUNTY OR PARISH | 13. STATE

San Juan | NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING ☐
FRACTURE TREAT		MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE		ABANDON* ☐
REPAIR WELL		CHANGE PLANS ☐
(Other)		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL ☐
FRACTURE TREATMENT	☐	ALTERING CASING
SHOOTING OR ACIDIZING	☐	ABANDONMENT*
(Other) _____ tbg		☒

(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.) *

1-24-79

Moved in and rigged up Farmington Well Service swabbing unit. Ran 39 jts 1-1/4" OD 2.4# J-55 10R EUE tbg.   TE 1266.25' set @ 1264' GR.

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

SIGNED _Thomas A. Dugan_   TITLE _Agent_   DATE _4-11-79_

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side