

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. Contract 120 |
| 2. NAME OF OPERATOR JEROME P. McHUGH | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla |
| 3. ADDRESS OF OPERATOR P C 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 79C' FNL - 1160' FWL | 8. FARM OR LEASE NAME Jicarilla |
| 14. PERMIT NO. | 9. WELL NO. 7 |
| 15. ELEVATIONS (Show whether DT, RT, GR, etc.) 6742' GL | 10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup-Dakota** |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32 T26N R4W, NMPM |
| | 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"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) Change of Pool Name

(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.)*

EFFECTIVE 1-1-85

**POOL NAME HAS BEEN CHANGED FROM BASIN DAKOTA TO W. LINDRITH GALLUP-DAKOTA
PER NMOCD ORDER #R-7764.

RECEIVED
FEB 15 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs TITLE Agent DATE 2-16-85
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FEB 16 1985
CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE ARE

BY [Signature]

*See Instructions on Reverse Side