

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 98
2. NAME OF OPERATOR JERONE P. McHUGH		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
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 (NW/4 NE/4) 960'N 1680'E		8. FARM OR LEASE NAME Apache
14. PERMIT NO.		9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T26N, R3W, 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) Status

17. HAS WELL 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.)*

It is planned to take a bottomhole pressure on this well to determine fluid level, gradient and pressure, then swab test well to determine if it will unload. We propose to test this well to determine if pumping equipment will help it produce gas in paying quantities.

If the well will not produce from the Dakota in paying quantities, it will be evaluated for recompletion to the Gallup Formation.

RECEIVED
JUL 11 1988
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED James S. Hazen TITLE Field Supt. DATE 6/30/88
(This space for Federal or State office use)

APPROVED BY James S. Hazen TITLE Field Supt. DATE 6/30/88
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
JUL 6 7 1988
AREA MANAGER