

5 BLM, Fmn 1 McHugh 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 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 1650' FSL - 1650' FEL	8. FARM OR LEASE NAME Jicarilla
14. PERMIT NO.	9. WELL NO. 12*
15. ELEVATIONS (Show whether SF, RT, GR, etc.) 6691' GL	10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup-Dakota**
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 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) <input type="checkbox"/>

(Other) Change of Pool Name & Well No. _____

(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

*WELL NUMBER HAS BEEN CHANGED FROM JICARILLA #2E TO #12 and

**POOL NAME HAS BEEN CHANGED FROM BASIN DAKOTA TO W. LINDRITH GALLUP-DAKOTA

PER NMOCD ORDER #R-7764.

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

SIGNED

Jim L. Jacobs
Jim L. Jacobs

TITLE

Agent

DATE

ACCEPTED FOR RECORD
FEB 15 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 13 1985

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side

NMOCC