

6 BLM, Fmn
Form 3160-5
(November 1983)
(Formerly 9-331)

1 DE 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 90
2. NAME OF OPERATOR JEROME P. McHUGH	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
3. ADDRESS OF OPERATOR P.O. BOX 809, Farmington, N.M. 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 (NE/4 SE/4) 1850' FSL - 790' FEL	8. FARM OR LEASE NAME Chris
14. PERMIT NO.	9. WELL NO. 3A
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T27N, R3W, NMPM
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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		(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.)*			

Examination of well records indicates that frac fluid was never totally swabbed from either zone completed in this well. Plan to isolate zones with a packer and bridge plug and swab test well long enough to determine if either zone may be productive.

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

18. 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 _____ TITLE _____ DATE **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

BLM/OCC

JUL 27 1988
AREA MANAGER