

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE  
(Other Instructions on  
reverse side)

Form approved.  
Budget Bureau No. 47-37491.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different interval.  
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 10270
2. NAME OF OPERATOR Jerome P. McHugh	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401	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 790' FNL - 1850' FWL	8. FARM OR LEASE NAME Bengal A
	9. WELL NO. #4
	10. FIELD AND POOL, OR WILDCAT South Gallegos Fruitland
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 1 T26N R12W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 5987' GR	13. STATE NM

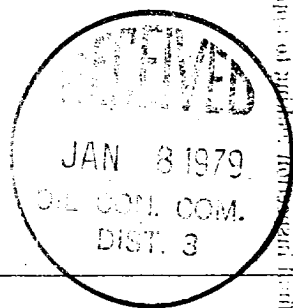
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.) \*

10-7-78 Rigged up FWS swabbing unit. Blue Jet ran Gamma Ray correlation and collar logs. Swabbed csg down to 900'. Perforated w/1 2-1/8" glass jet per foot 1290-1295' (5 holes) and two 2-1/8" glass jets per foot 1276-1279' (6 holes). Swabbed well down. No show gas. Allied service acidized well w/250 glas 15% HCl reg. acid. Breadkown pressure 1750 psi back to 750 psi. Dropped 8 ball sealers in acid (no ball action). Treating press @ 950 psi @ 2 B/M at end of job. Swabbed well down. Very slight show gas.



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

SIGNED Thomas A. Dugan TITLE Agent DATE 1-3-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NMocc