

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-3023

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Indian

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nassau

9. WELL NO.

** 3E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T26N, R11W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
JEROME P. McHUGH

3. ADDRESS OF OPERATOR
P O Box 809, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1580' FSL - 1700' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6309' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

THIS SUPERSEDES THE SUNDRY NOTICE DATED 8/26/87, changing well number from #3E to #33.

THE WELL NUMBER REMAINS AS ORIGINALLY PERMITTED & DRILLED: NASSAU #3E.
per OCD instructions.

RECEIVED
SEP 21 1987
OIL CON. DIV.
DIST. 3

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

SIGNED James S. Hazen

TITLE Field Supt.

DATE 9/18/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side