Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR verse side)				re-	Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.		
		-,	NM	14918				
CLINIC		OGICAL SURVEY		ς	6. IF I	CDIAN, ALLOTT	THE OR TRIBE NAME	
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.)						11 y 10 y		
1. OIL [ CAS [X]						AOREEMENT 1	NAME SASS	
WE'LL WELL COTHER						OR LEASE NA	4 1773	
						5 433	nyon Unit	
Jerome P. McHugh 3. Address of Operator						L NO 5		
Box 234, Farmington, NM 87401							tern)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)						LD AND POOL,	그 축속하다	
At surface						za Mesa ., T., R., M., OR		
1470' FSL - 1450' FWL						URYRY OR ARE	M Continued to the Cont	
						tion-24,	728N R4W	
14. PERMIT NO.	15. E	ELEVATIONS (Show whether	er DF, RT, GR, etc.)			INTY OR PARIS	1:	
		7299'	GR		Ric	Arriba	NM = 0	
16.	Check Appropri	iate Box To Indicat	e Nature of No:	ice, Report, c	or Other De	aton ij ji ji	to alt	
, NO	NOTICE OF INTENTION TO: SUBSE						ertes En T	
TEST WATER SHUT-OF	PULL OF	R ALTER CASING	WATER :	Shut-off		EREPATRINO	WELL THE	
FRACTURE TREAT	MULTIP	LE COMPLETE	PRACTU	ED TREATMENT	- 2 B	ALTARINO	CASINO	
SHOOT OR ACIDIZE	ABANDO	и•	SHOOTI	OR ACIDIZING	. 466	MANDONM	ENT'	
REPAIR WELL	CHANGE	PLANS	(Other)	CS OTE: Report res impletion or Rec	sults of multi	ple completion	n onXWell 3	
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)*	well is directionally d	rilled, give subsurface	locations and measu	ired and true ve	ertical depths	Single Single	ers and zones perty	
6-7-78	went in he pipe. Rar set @ 438! and recip sweep. Coper sx, for sx. Tota	Came out of ole w/drill pin 107 jts 4-1/5' RKB. Howco pipe while cemented w/150 ollowed by 150 slury 456 cm 00 psi. Release, cut off, r	/2" OD 10.5# cementing. sx 50-50 pc 0 sx class " u ft. Max clased - press	K-55 8R : e @ 4137' Preflushe oz w/4% ge 'B" neat w cementing s held OK.	ST&C CSC . Had C d hole v 1 w/12-1 /12-1/25	re 44 good mud g/10 Bbls g/2 # Gil good Gilson:	xeturns s mud lsonite ite per Bumped	
•								
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			! .			1000 1100 1100 1100 1100 1100 1100 110	12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	
	. 0		£ 5			PART OF THE PART O		
18. I hereby certify that	he foregoing is true a	and correct	<del></del> ,				<u> </u>	
$\sim 1.41$	. Will Alle	TITLE_	Agen	t`	7	ATE	337-78 = 3	
SIGNED Thoma							业度标	
(This space for Federal	il or State office use)							
APPROVED BY	PROVAL IF ANY	AATIT			I	ATE	<u> : :: :: 단화원</u> 1 <b>9</b> 78 링크림	
CONDITIONS OF WEI	, , , , , , ,					拉海海 医牙口	(TIO % % )	