

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Jerome P. McHugh	3. ADDRESS OF OPERATOR P. O. Box 234, Farmington, NM 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL - 990' FWL
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7213' GR		

5. LEASE DESIGNATION AND SERIAL NO. NM-14918	6. IF INDIAN, ALLOTTEE OR TRIBAL NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Valencia Canyon Unit	9. WELL NO. 38	10. FIELD AND POOL, OR WILDCAT Choza Mesa PC	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 24, T28N, R4W	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 COMPLETION <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"/> csg	(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.)*

6-14-78

TD 4300' (Drillers), 4307' (Loggers). Finished running IES and CDL logs by GO Wireline (logging time 17-1/4 hrs due to tool failures and line failures). Laid down drill pipe and rigged up and ran 108 jts 4-1/2" OD 10.5# 8R ST & Lone Star csg. TE 4328.98' set @ 4307' RKB.

Cemented by Dowell w/150 sx 50-50 pozmix w/4% gel w/12-1/4# gilsonite per sx. Preflushed hole w/420 gals. CW-100 chemical wash. Good mud returns throughout job. Recipricated pipe free while cementing. Maximum cementing pressure 750 psi. POB 3:30 a.m. 6-14-78. Float held OK. Nippled down BOP set slips and cut off csg. Rig released 5:30 a.m. 6-14-78.

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

SIGNED

Thomas A. Dugan

TITLE Agent

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE 6-14-78

DATE 6-14-78