

Form 5-331  
(May 1963)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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  GAS WELL  OTHER

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  
**1850' FNL - 1700' FEL**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**7340' GR**

5. LEASE DESIGNATION AND SERIAL NO.  
**Contract 83**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**Jicarilla Apache**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Jer**

9. WELL NO.  
**2**

10. FIELD AND POOL, OR WILDCAT  
**Choza Mesa**

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA  
**Sec. 7 T28N R3W**

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 ON:                          |  |
| 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"/>    | CATERING 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) <u>spud and surface csg</u>            |  |

(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.)\*

6-15-78 Moved in and rigged up Four Corners Drlg. Co. Rig #2. Spudded 12-1/4" hole @ 6:00 p.m. 6-14-78. Drilled to 215' and ran 6 jts 8-5/8" OD 24# J-CW csg. TE 201 set @ 215' RKB. Cemented by Fleet Cementers w/135 sx class "B" plus 2% CaCl. Good cement to surface. POB @ 2:15 a.m. 6-15-78. WOC.

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

SIGNED Jim L. Jacobs TITLE Agent

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**  
JUN 16 1978