

Form 2-371
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 12030
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 1850' FSL - 1450' FEL		8. FARM OR LEASE NAME Nassau
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6012' GR		10. FIELD AND POOL, OR WILDCAT Undesignated - PC
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 36, T27N, R12W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Completion <input checked="" 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.)*

8-20-76

Moved in Farmington Well Service swabbing unit. Go International ran gamma-ray correlation log. Swabbed well down to 800'. Perforated 1 jet/ft (10 holes) 1465-1473'. Swabbed well down. Well making est 5 MCFGPD. Perforated 1 jet/ft 1384-1386' and 1396-1398' (4 holes). Swabbed well down. Well making est 15 MCFGPD. Shut well in.

8-21-76

Western Company acidized perms using 500 gals 15% HCl with MR #1 and soap. Used 1000 SCF nitrogen/bbl of acid and displaced acid with nitrogen. Used total 21,000 SCF. Initial, Max and Final press 600 psi. Dropped 15 frac balls, no ball action. Shut well in 20 min. Flowed well back, died in 10 min.

8-26-76

Ran 45 jts 1-1/4" OD 2.4# WP-55 10R EUE tbg w/cross pin on btm. TE 1469.43' set @ 1472' RKB. Well did not kick off. Ran swab one time, well kicked off. Blew to atmosphere 45 min. Shut well in and rigged down swabbing unit.

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

SIGNED Jim L. JacobsTITLE GeologistDATE 8-27-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.