

Form 9-331
(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' FNL - 1850' FWL		8. FARM OR LEASE NAME Nassau
14. PERMIT NO.		9. WELL NO. 801
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5977' GR		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland - 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)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>
(Other)	

REPAIRING WELL	<input checked="" type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
ABANDONMENT*	<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.)*

10-20-77

Moved in and rigged up F.W.S. swabbing unit. Pulled packer and tubing. Turned packer over and re-ran packer and tbq. Packer set in set down position w/ bull plug on bottom. Gas coming from Fruitland only. Rig down F.W.S.

SHUT WELL IN.

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

SIGNED Thomas A. Dugan
(This space for Federal or State office use)TITLE Petroleum EngineerDATE 10-17-77APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

OCT 18 1977

*See Instructions on Reverse Side