

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 INDICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 16476

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bengal C

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Undesignated Fruitland

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 36 T27N R13W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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

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

980' FNL - 790' FEL

14. PERMIT NO.

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

5951' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

tbq

(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 perti-
nent to this work.)*

6-5-79

Rigged up Farmington Well Service swabbing unit. Ran 36 jts 1-1/4" OD 2.4#
10R EUE "B" condition tbq. Well died while running in tbq. Swab stop on
bottom of string. Tbg string was same as string run on 8-11-77 except one
jt was left out. TE 1133.00' set @ 1131' GR. Nipped up well head.

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

SIGNED

Thomas A. Dugan

TITLE Petroleum Engineer

DATE 6-7-79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

mymacc

*See Instructions on Reverse Side



**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <p align="center">NM 16476</p>	
2. NAME OF OPERATOR <p align="center">Jerome P. McHugh</p>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <p align="center">Box 234, Farmington, NM 87401</p>		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 <p align="center">980' FNL - 790' FEL</p>		8. FARM OR LEASE NAME <p align="center">Bengal C</p>	
		9. WELL NO. <p align="center">3</p>	
		10. FIELD AND POOL, OR WILDCAT <p align="center">Undesignated Fruitland</p>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <p align="center">Sec 36 T27N R13W</p>	
14. PERMIT NO.		13. STATE <p align="center">NM</p>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <p align="center">5951' GR</p>		12. COUNTY OR PARISH <p align="center">San Juan</p>	

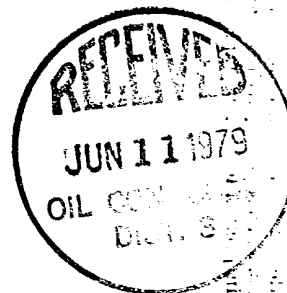
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.) *

6-4-79

Western Co. and Nowco fraced Fruitland fm perf 936-950 and 1137-42 using 105 bbls water, 25 gal adafoam, 22,000 # 10-20 sand, 127,900 scf nitrogen. IF 1900 psi. Min 1900 psi, Max 2100 psi, Ave 2000 psi, Final 2100 psi. ISDP 1000 psi. 15 min shut in. 1100 psi. Ave IR 15 B/M foam. Made one ball drop of 7 balls. Pressure increased from 1900 to 2100 and did not drop back. Shut well in one hour. Opened well thru 1" choke. Flowed well back overnight.



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

SIGNED Thomas A. Dugan

TITLE Petroleum Engineer

DATE 6-4-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NM 16476