

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR  
JEROME P. MC HUGH

3. ADDRESS OF OPERATOR  
Box 234, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: NE/4 NE/4  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☒  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other)

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
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☐  
☐  
☐

5. LEASE

NM 16476

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BENGAL *C*

9. WELL NO.

*2-3*

10. FIELD OR WILDCAT NAME

Undesignated Fruitland

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

Sec. 36, T27N, R13W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

PLAN TO PULL TUBING, FRAC W/15,000# 10-20 SAND,  
w/70 QUALITY FOAM, CLEANOUT AFTER FRAC, RE-RUN TUBING.

Subsurface Safety Valve: Manu, and Type

Set @ *00* Ft.

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

SIGNED *Thomas A. Dugan*  
Thomas A. Dugan

TITLE Agent

DATE May 31, 1979.

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE