

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. McHugh

3. ADDRESS OF OPERATOR
 Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 1770' FNL - 1100' FWL
 AT SURFACE:
 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:

 SEP 11 1979
 U. S. GEOLOGICAL SURVEY

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.
~~4~~-6

10. FIELD OR WILDCAT NAME
 WAW Fruitland PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 36 T27N R13W

12. COUNTY OR PARISH | 13. STATE
 San Juan | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
 5975' GR

(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.)*

- 9-5-79 Moved in FWS swabbing unit. Blue Jet perf with 2-1/8" glass jets (5' with 5 holes) 1112-1117', (4' with 4 holes) 1120-1124' and (14' with 14 holes) 927-941'. Swabbed csg down, no indication of fluid entry. Slight show of gas.
- 9-6-79 Moved FWS swabbing unit in and ran 36 jts 1139.17' 1-1/4" EUE tbg and set packer with slotted jt above for acid treatment at upper zones. Nipped up wellhead and shut in well.
- 9-7-79 Rigged up Allied Services. Treated perfs 927-941', 1112-1124' w/250 gals 15% HCl. Breakdown pressure 1250 psi. TP 1250 psi, ISDP 650 psi. Swabbed well back.

Subsurface safety valve: manu. and type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
 SIGNED Thomas A. Dugan TITLE Agent DATE 9-10-79

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

A. MOCC

