

1 DE 1 File 1 Jicarilla/BIA
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: **JEROME P. McHUGH**

3. ADDRESS OF OPERATOR: **P O Box 809, Farmington, NM 87499**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface: **840' FSL - 840' FWL**

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7065' GL

5. LEASE DESIGNATION AND SERIAL NO.
Contract #455

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
La Jara

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Undesignated Gallup

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA
Sec. 25, T29N, R3W

12. COUNTY OR PARISH 13. STATE
Rio Arriba NM

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(Other) **Workover**

(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.)*

The following is a summary of proposed operations to start on or about 4/21/86:

1. MI & RU service unit. Install BOP.
2. Release packer & T.O.O.H. with tubing.
3. Run cement bond log, GR & CCL to locate cement top.
4. If cement top is below 7000' or not good bonding, plan to spot 70 sx at 7900' to 7000' & squeeze off perms to 3000 psi.
5. Plan to shoot 4 squeeze holes at 7000' & try to establish circulation to surface.
6. If circulation is established, squeeze with 200 sx 65/35 poz (524 cu.ft.) with 6% gel, 12 1/2#/sk gilsonite, 10% salt tailed by 200 sx 50/50 poz (278 cu.ft.) with 2% gel to 3000 psi.
7. W.O.C. to set & drill out to 7500'.
8. Reperforate Gallup between 6986' & 7405'.
9. Frac Gallup with gelled water & 90,000 to 100,000# of 20/40 sand.
10. Swab & flow well back for clean up.
11. Test Gallup zone for recovery.

RECEIVED
APR 25 1986

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

SIGNED James S. Hazen TITLE Field Supt. DATE 4/19/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 22 1986
John S. Keller
AREA MANAGER

*See Instructions on Reverse Side
NMOCC