Form 9-331 4-USGS (Farmington) 1-McHugh 1-File Form Approved. Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE NM 6899 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** -7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Pinon 🚟 gas well k.k well other 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME -13 1 Jerome P. McHugh Basin Dakota 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR Box 208, Farmington, NM 87401 AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 13-T30N R14W 📑 12. COUNTY OR PARISH 13. STATE. 6 1790' FSL - 890' FWL AT SURFACE: . NM : T AT TOP PROD. INTERVAL: San Juan' AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 5938' GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results o multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) spud and surface csq 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.)* Spudde 1 12-1/4 hole Moved in and rigged up Four Corners Drlg Rig #5. @ 7:00 p.m. Drilled to 229'. Ran 7 jts 8-5/8" 24# 8R SI&C csg. TE 204.78' set @ 217' RKB. Cemented w/150 sx class "B" w/2% CaCl. Gement circulated. POB @ 3:00 a.m. 4-17-80. WOC AGGEPTED FOR RECORD

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18. I hereby certify that the foregoing is true and correct		27.0	A 3	
SIGNED King of My sends	тітієAgent	DATE _	= 1 2 1 4 - 1/ - 00	J. > -
Jim Lacobs	(This space for Federal or State office use)			
APPROVED BY	TITLE	_ DATE		
CONDITIONS OF APPROVAL, IF ANY:				• •

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