

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

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		2. NAME OF OPERATOR Amerada Hess Corporation		3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FEL and 790' FNL, Sec. 11, T23N, R3W, Rio Arriba County, New Mexico. Southeast Lindrith Area.		5. LEASE DESIGNATION AND SERIAL NO. Tribal #167		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME J. Apache "I"		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT South Blanco Pictured Cliff		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T23N, R3W, NMPM, Southeast Lindrith Area		12. COUNTY OR PARISH Rio Arriba		13. STATE N.M.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7228' DF, 7219' GR, 7229' KB																							

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Test csg. integrity. <input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	(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.)\*

Plan to MIRU pulling unit. Remove well head, install BOP, release Halliburton WR-3 trt. pkr. at 2993' & TOH w/97 jts. 2-3/8" tbg. & pkr. TIH w/4-1/2" retrievable bridge plug, retrieving head & pkr. on 96 jts. 2-3/8" tbg. Set RBP at 2962' +, move pkr. to 2930' +, set pkr. & test RBP w/1000#. Move pkr. to 2870' +, set pkr. & test csg. to 500#. Release pkr., retrieve RBP at 2962' +, & TOH. TIH w/production pkr. on 2-3/8" tbg. & resume production from Pictured Cliffs Zone. (Plan to repair csg. if necessary.)

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

SIGNED R. C. Whelan TITLE Supv. Adm. Svc.

DATE 3-10-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side