

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO. 255-
Tribal #158 Tract #255-
6. INDIAN, ALLOTTEE OR TRIBE 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 "APPLICATION FOR PERMIT" for such proposals.)

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. Apache "H" Tract #1

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

South Blanco - Picture

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

Sec. 5, T23N, R2W, NM

Southeast Lindrith Ar

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mex.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

P.O. Box 1469, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1850' FNL and 790' FEL (NE/NW)

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, EL, GR, etc.)

7265' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Tag for fill and clean out if necessary. Pull 2-3/8" tbg. and run 3100' 1-1/4" tubing.



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

SIGNED

E. B. Fisher

TITLE

Supv. Adm. Ser.

DATE

5-29-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Oliver

State