

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla 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.

6

10. FIELD AND POOL, OR WILDCAT

Chacon Dakota Associated

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

Se.11,T-23-N, R-3-W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

1.

OIL ☒ GAS ☐  
WELL WELL 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' FSL and 790' FEL

14. PERMIT NO.

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

7236' G°L°

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) ☐

Completion ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

X

(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.)\*

Application for Permit to Drill, Form 9-331-C filed for dual completion in

Otero: Basin Dakota and Pictured Cliff zones.

Well was perforated in the Chacon Dakota zone with perforations from 7280' to 7394'. Well completed as a pumping oil well in the Chacon Dakota Pool. This is a single completion.

The Pictured Cliff zone was not perforated.

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

SIGNED

*M. C. Black*

TITLE

Mgr., Admin. Services

DATE

10-21-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side