| | | | | | | | / |
|--|-------------------|--|------|--|-------------------------------------|----------------------|-------------|
| Form 9-331 (May 1963) | | UNITED STATES | | SUBMIT IN TRIPLICATE* (Other instructions on re- | Form appro- Budget Bure | ved. eau No. 42-H | / R1424. |
| · • | DEPART | ARTMENT OF THE INTERIOR (Other Instructions on re- | | | 5. LEASE DESIGNATION AND SERIAL NO. | | |
| | G | SEOLOGICAL SURVEY | | | Jic. 16 | 7 | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | 6. IF INDIAN, ALLOTTI | SE OR TRIBE | NAME |
| (Do not use t | Jicarilla Apache. | | | | | | |
| 1. | | | | | 7. UNIT AGREEMENT NAME | | |
| OIL GAS WELL WELL | L XX OTHER | | | | | | |
| 2. NAME OF OPERATOR | | | | | 8. FARM OR LEASE NAME | | |
| Amerada Hess Corporation | | | | | Jic. Apache ''I'' | | |
| 3. ADDRESS OF OPERATOR | | | | | 9. WELL NO. | | |
| P. O. Box 2040, Tulsa, Oklahoma 74102 | | | | | 8 | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | | | | 10. FIELD AND POOL, OR WILDCAT | | |
| See also space 17 below.) At surface 950' FNL ~ 1520' FWL | | | | | Picture Clif | f | |
| | | | | | 11. SEC., T., R., M., OR BLK. AND | | |
| | | | | | SURVEY OR ARE | | |
| 770 1112 | 1,720 1 112 | | | | Sec. 11, T23 | N, R3W | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 12. COUNTY OR PARIS | H 13. STAT | £ | |
| | | 7,160' GI | R | | Rio Arriba | New Me | exico |
| 16. | Check A | opropriate Box To Indicate | Natu | re of Notice, Report, or (| Other Data | | |
| NOTICE OF INTENTION TO: SUBSEQU | | | | | UENT REPORT OF: | | |
| | | DATE OF ALTERNATION OF STATE | | WARDS CHILD ORD | REPAIRING | TERLI . | ٦ |
| TEST WATER SHI | | PULL OR ALTER CASING | | WATER SHUT-OFF | ALTERING | | - |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | FRACTURE TREATMENT | ABANDONM | | - |
| CHOOT OF ACTOR | | | | | | | |

(Other)

(Other)

(Other)

(Other)

(Other)

(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.)*

PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WT. PER FOOT | SETTING DEPTH | QUANTITY CEMENT |
|--------------|----------------|--------------|---------------|-----------------|
| 1111 | 7 5/8" | 24# | 300' | 200 sx. |
| 6 3/4" | 2 7/8" tbg. | 6.5# | 3,200' | 600 sx. |

BOP CHANGE DUE TO SURFACE CASING

See diagram attached



| 8. I hereby certify that the opregoing is true and correct SIGNED H.O. Porter | TITLE Supv.Drlg.Admin.Serv. | DATE 9-12-79 | | |
|---|-----------------------------|--------------|--|--|
| (This space for Federal or State office use) | TITLE | DATE BIVE | | |
| CONDITIONS OF APPROVAL, IF ANY: | | SEP 2 4 1979 | | |



