

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 11704-0135
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. Jic. 167	
2. NAME OF OPERATOR AMERADA HESS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 950' FNL, 1520' FWL		8. FARM OR LEASE NAME Jic. Apache "I"	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7160' GR		10. FIELD AND POOL, OR WILDCAT Pictured Cliff	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T23N, R3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	TA'd <input checked="" type="checkbox"/>	(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 PLAN TO TA THE SUBJECT WELL:

- 1) Displace 2-7/8" casing with 2% KCl water
- 2) Set BP at 2950' & cap with 2 sacks cement (62')
- 3) Test casing to 500#
- 4) TA well

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JAN 16 1990
OIL CON. DIV
DIST 2

Permission is requested to TA the subject well to provide for the eventual evaluation of coal seam gas potential. Economics are currently unfavorable. The well is currently completed in the Pictured Cliffs, however, due to low production volumes, it was never connected to a sales line.

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

SIGNED S. W. Self TITLE District Superintendent DATE 11/29/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side