16.

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on verse side) GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42-R1424.

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| | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
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| SUNDRY NOTICES AND REPORTS ON WELLS | |

| (Do not use this form for propo | sals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.) | Jicarilla Apache |
|--|---|--|
| 1. OIL GAS WELL WELL X OTHER | | 7. UNIT AGREEMBNT NAME |
| 2. NAME OF OPERATOR Amerada Hess Corporat | ion, Att: Drilling Services | 8. FARM OR LEASE NAME J. Apache "B" |
| 3. ADDRESS OF OPERATOR P.O. Box 2040, Tulsa, | Oklahoma 74102 | 9. WELL NO. |
| 4. LOCATION OF WELL (Report location See also space 17 below.) At surface 1780 FSL and 800 | clearly and in accordance with any State requirements. | 10. FIELD AND POOL, OR WILDCAT Basin/Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T24N, R5W |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gr. 6489 | 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexice |

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

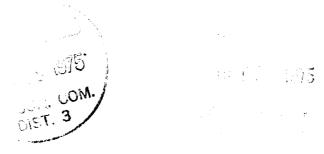
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: | | | | |
|---|---|---|--|--|--|
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS | water shut-off fracture treatment shooting or acidizing (Other) | REPAIRING WELL ALTERING CASING ABANDONMENT* ultiple completion on Well 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.)*

6700' TD by driller; 6698' by loggers

Moved in Aztec Well Service completion rig 10/16/75, drilled cement and float equipt. to 6670 10/19/75

Plan to perforate $5\frac{1}{2}$ " csg. 6354-64, 6466-76 & 6492-6520 W/2 shots/ft., acidize perfs. or sand frac perfs, swab back and test well for production.



| 8. I hereby certify that the age is true and correct SIGNED | THILE Supervisor Tech/Drlg.Adm. | Serve 10/19/75 |
|---|---------------------------------|----------------|
| (This space for Federal or State of a result | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE |