

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

JIC #11

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. Apache "B"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Basin/Dakota

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

Sec. 19, T24N, R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. NAME OF OPERATOR Amerada Hess Corporation, Att: Drilling Services	
3. ADDRESS OF OPERATOR P.O. Box 2040, Tulsa, Oklahoma 74102	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1780' FSL and 800' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gr. 6489'

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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u>	(Other) <input type="checkbox"/>
(Other) <input 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.)\*

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 5½" csg. 6354-64, 6466-76 &amp; 6492-6520 W/2 shots/ft., acidize perfs. or sand frac perfs, swab back and test well for production.

OCT 1975  
COM.  
DIST. 3

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>E. G. Gignin</u>	TITLE <u>Supervisor Tech/Drlg. Adm. Serv.</u>	DATE <u>10/19/75</u>
(This space for Federal or State use.)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side