

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

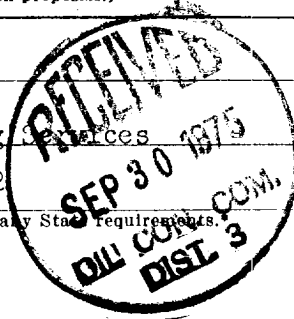
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> Drilling		5. LEASE DESIGNATION AND SERIAL NO. MM-1420
2. NAME OF OPERATOR Amerada Hess Corporation, Att: Drilling Services		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P.O. Box 2040, Tulsa, Oklahoma 74102		7. UNIT AGREEMENT NAME (Lease contract #11)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1780' NSL and 800' EWL		8. FARM OR LEASE NAME J. Apache "B"
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gr. 6489'		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 N. Mex.



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 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) <u>Casing setting and testing</u> <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.) *

Moved in Aztec Well Servicing Co. drilling rig 124 and spudded a 12-1/4" hole at 8 AM 9/23/75, drilled to 368', conditioned hole, TOH W/bit, run, set and cemented 9-5/8"OD 36# new K-55 csg. at 363' by Dowell with a total 425 sx., cement circulated and WOC at 7 PM 9/23/75. WOC for 15 hours, trip in hole with bit, closed pipe rams and tested casing to 1000# for 15 mins., held O.K., Started drilling out under 9-5/8" surface csg. W/8-3/4" bit at 1 PM 9/24/75.

Plan to drill a 8-3/4" to PTD of 6800' or a sufficient depth to test Dakota gas sand, log well and if productive, single complete with 5 1/2"OD 15.5# set and cemented at TD.

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

SIGNED E. L. Giffin

TITLE Supv. Tech/Drlg. Adm. Serv. DATE 9/25/75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

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