

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"/>		5. LEASE DESIGNATION AND SERIAL NO. Lease Contract #11
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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL and 1500' FWL		8. FARM OR LEASE NAME J. Apache "B"
14. PERMIT NO.		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Gr. Elev. 6595', KB 6612'		10. FIELD AND POOL, OR WILDCAT Dakota Otero: Pictured Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24N, R5W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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 checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) Spudding <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 Cactus Drlg. Co. rig #19 and spudded a 12 $\frac{1}{4}$ " hole at 3:30 AM 7/7/76 drilled to 350', cond. hole, run, set and cemented 8-5/8" OD 24# K-55 new casing at 349' with 275 sacks Class B cement by Dowell at 4 PM 7/7/76, drilled plug and cement 307 to 345', tested casing W/1000#, held O.K., finish drilling cement 345 to 349' and started 7-7/8" hole out under surface at 9 AM 7/8/76. (In above cnt. of 8-5/8" csg., cement circ.)

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

SIGNED E. G. Grippin

TITLE Supervisor, Drlg. Adn. Serv.

DATE 7/8/76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____