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UNITED STATES SUBMIT IN TRIPLICATE* (Other Instructions on reverse slide) Form approved, Budget Bureau No. 42-R1424. 5. LEANE DESIGNATION AND SERIAL NO.

DATE _____

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.) Jicarilla Apach 7. UNIT AGREEMENT NAME S. FARM OR LEANE NAME S. FARM OR LEANE NAME J. Apache "B" 9. WELL NO. ADDRENS OF OPERATOR Drawer D, Monument, New Mexico 88265 Drowtion of Well (Report location clearly and in accordance with any State requirements.* 1. See also space 17 below.) At surface 1. Sec, T. R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24N, F. 12. COUNTY OR PARISH 13. STA	GEOLOGICAL SURVEY	Lease Contract #11
OHE WELL X WELL ON WELL OF THER 2. NAME OF OPERATOR AMERADA HESS CORPORATION 3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265 Drawer B, Monument, New B,	SUNDRY NOTICES AND REPORTS OF The not use this form for proposals to drill or to deepen or plug back Use "APPLICATION FOR PERMIT—" for such prop	N WELLS k to a different reservoir. losals.) Jicarilla Apache
AMDERADA HESS CONTOUNT FOR ANDERSO OF OPERATOR Drawer D, Monument, New Mexico 88265 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 1500' FWL 15. Elevations (Show whether DF, RT, CR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING MILITIFIE COMPLETE PULL OR ALTER CASING MILITIFIE COMPLETE SUBSEQUENT REPORT OF: WATER SHUT-OFF PULL OR ALTER CASING MILITIFIE COMPLETE SUBSEQUENT REPORT OF: WATER SHUT-OFF PULL OR ALTER CASING MILITIFIE COMPLETE SUBSEQUENT REPORT OF: (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DOS RIBE PROPOSEL OR COMPLETED OPERATIONS I Clearly state all pertinent details, and give pertinent dates, including estimated date of star broposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zon.	WELL X WELL OTHER 2. NAME OF OPERATOR	S. FARM OR LEASE NAME
Drawer D. Monument, New Mexico 88265 1	3. ADDRESS OF OPERATOR	9. WELL NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STA 6595 GR. Rio Arriba New Notice of Intention to: Subsequent report of: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAiring WELL FRACTURE THEATMENT ALTERING CASING SHOOT OR ACIDIZE MANDON* SHOOT OR ACIDIZE MANDON* REPAIR WELL CHANGE PLANS (Other) COTher) 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. 17. ELEVATIONS (Show whether DF, RT, GR, etc.) Rio Arriba New SUBSEQUENT REPORT OF: REPAIRING WELL OTHER THEATMENT ALTERING CASING ABANDONMENT* (Other) (Other) 16. 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ICLEARLY State all pertinent details, and give pertinent dates, including estimated date of star proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zor	Drawer D, Monument, New Mexico 8826 1 to arton of Well (Report location clearly and in accordance with any St See also space 17 below.) At surface	Gailo - Dakota 11. sec., T., B., M., OR BLK. AND
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING PULL OR ALTER CASING FRACTURE TREATMENT NHOOT OR ACIDIZE REPAIRING WELL CHANGE PLANS (Other) (Other) (Other) 15. ELEVATIONS (Show whether is, it, os, etc.) Rio Arriba New Report, or Other Data SUBSEQUENT REPORT OF: REPAIRING WELL (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 16. Describe Proposed or Completed Operations (Clericy state all pertinent details, and give pertinent dates, including estimated date of star proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zor		Sec. 29, T24N, R5W
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May 25, 1979 Pulled rods & tbg. Closed all valves and closed in.	MINITIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL COTher) 17. DESCRIBE EXOPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location nent to this work.) 18. May 25, 1979	FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT* (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) details, and give pertinent dates, including estimated date of starting any ons and measured and true vertical depths for all markers and zones pertin
18. I hereby certify that the foregoing is true and correct HINED E' Builte! TITLE Supv. Adm. Ser. DATE 6-4	18. I hereby certify that the foregoing is true and correct	(/ 70

(This space for Federal or State office use)