

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

Lease Contract #11
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME Jicarilla Apache |
| 2. NAME OF OPERATOR AMERADA HESS CORPORATION | 8. FARM OR LEASE NAME J. Apache "B" |
| 3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265 | 9. WELL NO. 16 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 1500' FWL | 10. FIELD AND POOL, OR WILDCAT Gallo - Dakota |
| 11. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24N, R5W |
| 12. ELEVATIONS (Show whether DF, RT, GR, etc.) 6595' GR. | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE New Mex. |

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

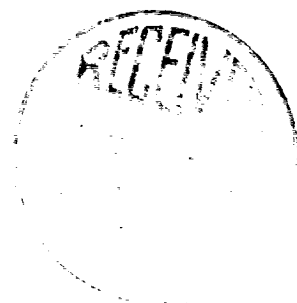
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <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) <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.) *

May 25, 1979

Pulled rods & tbg. Closed all valves and closed in.



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

SIGNED E. J. Fisher TITLE Supv. Adm. Ser. DATE 6-4-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side