

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.

Lease Contract #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.

16

10. FIELD AND POOL, OR WILDCAT

Gallo Dakota

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

Sec. 29, T24N, R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

N.M.

## 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 ☒ GAS  
WELL ☐ OTHER

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

Drawer "D", Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1050' FSL &amp; 1500' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DPT, RT, GR, etc.)

6595' GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Pump Test

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
☐  
☒(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)17. DESCRIBE PROMISED 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 perti-  
nent to this work.)\*

Test of 12/31/81

Pumped 3 BO & 51 BW in 24 hours on 4½ -72" SPM.  
Gas TSTM.

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

SIGNED

*E. B. Fisher*

TITLE Supv. Adm. Serv.

DATE 1/12/82

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

NMOCC

\*See Instructions on Reverse Side

JAN 21 1982

FARMINGTON DISTRICT

BY

*RB*