

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
COMPLY WITH INSTRUCTIONS ON THE
REVERSE SIDEForm approved.
Budget Bureau No. 42-R1424
U. S. DEPARTMENT OF THE INTERIOR

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	6. LEASE DESIGNATION AND SERIAL NO. Lease Contract #11
2. NAME OF OPERATOR AMERADA HESS CORPORATION	7. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265	8. FARM OR LEASE NAME J. Apache "B"
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	9. WELL NO. 16
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Gallo - Dakota
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6595' GR.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24N, R5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	ABANDONMENT ☒
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Temp Abandon</u> ☒	

(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 & tbgs. Closed all valves and closed in.

APPROVED

JUN 8 1979

CARL A. BARRICK

DISTRICT ENGINEER

I hereby certify that the foregoing is true and correct

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

(Leave space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

