



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R-424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>12</u>
2. NAME OF OPERATOR <u>Amerada Hess Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jic. Apache</u>
3. ADDRESS OF OPERATOR <u>Box 2040 - Tulsa, Oklahoma 74102</u>		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  <u>890' FNL, 1750' FEL</u>		8. FARM OR LEASE NAME <u>Jic. Apache "C"</u>
14. PERMIT NO.		9. WELL NO. <u>2</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6680' G.L.</u>		10. FIELD AND POOL, OR WILDCAT <u>Otero: Ballard Picture Cliff</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 27, T24N, R5W</u>
		12. COUNTY OR PARISH <u>Rio Arriba</u>
		13. STATE <u>New Mexico</u>

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 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 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.)\*

M.I. & R.U. Aztec Rig #124 and spudded 15" surface hole at 12:45 AM 7-22-77. Drilled from 0' to 365'. Circ. to run csg., R.U., ran and cemented 8 jts. 9 5/8" 32.3# H40 csg. @ 365' w/350 sx. Cl. "B" cement. Plug down @ 7:30 PM 7-22-77 w/1000#. Cement Circ. WOC. Backed out landing jt. N.U. 10" 3000# type RS Gulfco head. Tested blind rams to 1000# OK. TIH w/8 3/4" bit and tagged cement @ 310'. Drilled cement and plug. Tested csg. & pipe rams to 1000# OK. Drilled cement to shoe and tested to 1000# O.K.



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

SIGNED H. H. Porter TITLE Admn. Assist. Drlg. Svcs. DATE 7-28-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side