

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CI for evaluation		5. LEASE DESIGNATION AND SERIAL NO. Jic. Contract 13	
2. NAME OF OPERATOR Amerada Hess Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		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 890' FNL & 1750' FEL		8. FARM OR LEASE NAME J. Apache "C"	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6680' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T24N, R5W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Progress Report	X

(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.)*

12-13 to 12-20-87

MIRU pulling unit & installed BOP. Ran retrieving head on 2-3/8" tbg. & washed sand off RBP to 6015'. Set down on RBP & attempted to pull w/no results. Pulled tbg. Ran 4-1/8" overshot & attempted to catch fish at 6685' w/no results. TOH w/overshot. Ran saw-tooth retrieving head & attempted to recover plug. Retrieving head stuck on plug & could not work tbg. free. RU wireline & cut tbg. at 6624'. Left RBP, retrieving head & 2 jts. tbg. in hole. RDPU & cleaned location.

Closed well in for futher evaluation.

RECEIVED
JAN 26 1988
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED R. L. Whaley Jr. TITLE Supv. Adm. Svc. DATE 1-8-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____
ACCEPTED FOR RECORD
DATE JAN 21 1988
FARMINGTON RESOURCE AREA
BY PH

*See Instructions on Reverse Side