

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 09-000167
2. NAME OF OPERATOR Amerada Hess Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR Drawer "D", 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' FSL & 890' FWL		8. FARM OR LEASE NAME J. Apache "I"
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DE, RT, OR, etc.) 7205' GR		10. FIELD AND POOL, OR WILDCAT Lindrith Gallup Dakota
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 11, T23N, R3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

16. 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 checked="" type="checkbox"/>	ABANDONMENT* <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.)\*

August 1, 1984 to August 4, 1984 - Pulled rods, pump and tbg. Perf. 5-1/2" csg. opposite Dakota zone f/7271 to 7277' and f/7322 to 7328' w/4 SPF. Ran stress fracturing tool and set f/7324 to 7336'. Set off stress fracturing tool. Trip out and ran stress fracturing tool and set f/7271 to 7277. Set off stress fracturing tool. Ran gauge ring and junk basket on wire line to 7221'. Re-ran tbg., and hot oiled same. Ran pump and rods and resumed production. Presently pumping load oil.

OIL CON. DIV.,  
DIST. 3

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

SIGNED Donnell Green TITLE Production Clerk

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE 8-6-84  
ACCEPTED FOR RECORD

DATE AUG 22 1984

FARMINGTON RESOURCE AREA

BY 675

NMOCC  
\*See Instructions on Reverse Side