1

5 LEASE Jic 149

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IFINDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas a	Jicarilla Apache "F"
well well XX other	9. WELL NO.
2. NAME OF OPERATOR Amerada Hess Corporation Attn: Drilling Servs	16 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco South
P. 0. Box 2040, Tusla Oklahoma 74102	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec 17, T25N, R5W
AT SURFACE: 1680' FNL, 1850' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	Rio Arriba New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
	6611 Ground
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF U U FRACTURE TREAT U U DECEMBRE	EIVE POR SERVICE
PULL OR ALTER CASING UU12	Report results of multiple completion or zon change on Form 9-330.2 6 1903
MULTIPLE: COMPLETE	RESOURCE AREA OIL CON. DIV.
ABANDON *	
(other) Request permit extension	DIST. 3
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	te all pertinent details, and give pertinent dates directionally drilled, give subsurface locations an int to this work.)*
In reply to your letter #3100 (016) Amer	ada Hess Corporation request a
permit extension for this well	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
extended	1 to 5/9/84
Y	1/24 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/22 / 1/
<u>:</u>	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Subsurface Safety Valve: Manu. and Type	Set @ F
18. I hereby certify that the foregoing is true and correct	
SIGNED J. R. Wilson D. R. Wilson Dr	lg Admin Sery 10-18-83
(This space for Federal or State of	ffice use)
APPROVE(BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	Telephone State Company

*See Instructions on Reverse Side

Der 21 1983

Dangham

AST THE 18A DE RAW

AND INCTON ASSOURCE AREA