Form 9-331 (May 1963)	9-331 UNITED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR (Other Instructions on red) GEOLOGICAL SURVEY		Form approved. Budget Bureau No. 42 R142- 5. LEASE DESIGNATION AND SERIAL NO.
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.)			6. IF INDIAN, ALLOTTEF OR TRIBE NAME OF TRIB
1. OIL GAS X OTHER 2. NAME OF OPERATOR			7. UNIT AGRBEMENT NAME 8. FARM OR LEASE NAME
Amerada Hess Corporation 3. ADDRESS OF OPERATOR P. O. Box 2040 Tulsa Oklahoma 74102 Attn. J. R. Wilson			Jicarilla Apache C 9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.) At surface 990'FNL 990'FWL		with any State requirements.*	Pictured Cliff 11. SEC., T., B., M., OR BLK. AND BURYEY OR AREA Sec 35, T24N, R5W
14. PERMIT NO.	15. ELEVATIONS (Show v	whether DF, RT, GR, etc.)	12 COUNTY OR PARISH 13. STATE RIO Arriba New Mexico
TEST WATER SHUT-OFF PRACTURE TREAT REPORT OF LABORDON* REPAIR WELL (Other) 17. DESCRIBE PROTONED OR COMPLETE 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.)* 18. BR AZTECR REPORT TREAT ALDERING CASING ABANDONMENT* MI & RU AZTECR RIGHT Subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* ABANDON TO CSG Points (Other) Completion or Recompletion Report results of multiple completion on Well Completion or Recompletion Report and Log force). 17. DESCRIBE PROTONED 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.)* ALD DESCRIBE PROTONED OR COMPLETE 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.)* MI & RU AZTECR RIGHT AZTECR RIGHT AZTECR REPORT OF TAXABLE AZTECR AZTECR REPORT OF TAXABLE AZTECR AZT			
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*See Instructions on Reverse Side

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

(This space for Federal or State office use)

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ACCEPTED FOR RECORD

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