

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-B1424.

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jic. 167
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 1650' FSL & 990' FWL		8. FARM OR LEASE NAME J. Apache "I"
14. PERMIT NO.		9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7168' GR.		10. FIELD AND POOL, OR WILDCAT SO. Blanco Pictured Cliffs
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 2, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input 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) <u>Progress Report</u>	<input checked="" type="checkbox"/>
(Other)		(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.)*

April 20 thru April 26, 1982

Air drilled float collar, cement inside 4-1/2" csg. & guide shoe & blew hole clean. Drld. 3-7/8" open hole fr. 3012' to 3144', drilling w/air. Dresser Atlas ran logs & checked bottom of 4-1/2" csg. at 3009'. Ran 1-1/2" tbg. closed in to evaluate logs for stimulation treatment.



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

SIGNED E.B. Fisher TITLE Supv. Adm. Ser. DATE May 7, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side
NMOCC

1982
MAY 13 1982
BY Sm