

5-29-81

Gentlemen:

Please note attached
Form 9-331 filed w/ USGS.

The Proration Schedule
from April, 1981 reflects
an allowable for -

Jicarilla Apache B #16

Thank You

Roy Wheeler

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP (TE)
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. LEASE CONTRACT #11	
2. NAME OF OPERATOR AMERADA HESS CORPORATION		7. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR Drawer D. Monument, New Mexico 88265		8. FARM OR LEASE NAME J. Apache "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL & 1500' FWL		9. WELL NO. 16	
10. FIELD AND POOL, OR WILDCAT Gallo - Dakota		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24N, R5W	
12. PERMIT NO.	13. ELEVATIONS (Show whether DF, RT, CR, etc.) 6595' GR.	12. COUNTY OR PARISH Rio Arriba	13. STATE New Mex.

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

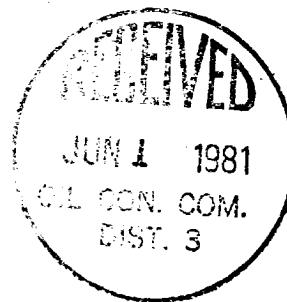
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIR WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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>Temp Abandon</u> <input checked="" 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.)

May 25, 1979

Pulled rods & tbg. Closed all valves and closed in.



APPROVED

APPROVED FOR A PERIOD
NOT TO EXCEED 1 YEAR.

JUN 8 1979

CARL A. BARRICK

ACTING DISTRICT ENGINEER

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

SIGNED E. B. Fisher TITLE Supv. Adm. Ser. DATE 6-4-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: