

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jic 011
2. NAME OF OPERATOR Amerada Hess Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 2040 Tulsa, Oklahoma 74102 Attn: J. R. Wilson		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 880' FNL 1850' FEL		8. FARM OR LEASE NAME Jic Apache B
		9. WELL NO. 17
		10. FIELD AND POOL, OR WILDCAT Pictured Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sec 20, T24N, R5W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6551' GR	12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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) Cmt circ on Prod string <input checked="" 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, 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.)*

With regard to your certified letter dated April 16, 1982 requesting amt of cmt circ on 5 1/2" prod csg for this well.

There was 180 sx cmt circ to pits in cmtg 5 1/2" csg. The 5 1/2" csg was run 7-7/8" hole.

43 sx cmt was circ to pits in cmtg the 8-5/8" surface pipe.

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

SIGNED J. R. WilsonTITLE Super. Dir. Admin. Serv. DATE 4-21-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 20 1982

NMOCC

BY smh