

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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 149
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 1550' FSL & 1610' FWL	8. FARM OR LEASE NAME J. Apache "F"
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6502' Gr.	10. FIELD AND POOL, OR WILDCAT So. Blanco Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-25N, R-5W
	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) <input type="checkbox"/>	Progress Report <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 6, thru May 10, 1982

Air drld. float collar, cement inside 5-1/2" csg. & guide shoe & blew hole clean.
Air drld. 4-3/4" open hole fr. 2576' to 2727' & blew hole clean. Dresser Atlas ran logs. Ran 1-1/2" 2.9# tbgs. & closed in to evaluate logs & evaluate for stimulation.



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

SIGNED R. L. Wheeler TITLE Production Clerk DATE 5-19-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NM000

MAY 25 1982

FARMINGTON, N.M.