Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse 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. OIL WELL X GAS WELL X OTHER

2. NAME OF OPERATOR
Amerada Hess Corporation

3. ADDRESS OF OPERATOR
Drawer "D" Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
990' FSL, 890" FWL, SEC. 25.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
NM-015014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McKenzie Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Otero Gallup/Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
25-25N-6W

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		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	X	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL		(Other)	
Other	Commingle X	(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.)*

Clean out fill. Stimulate Gallup Oil Zone with 1500 Gals. 15% NE Acid. Swab back load and resume production. Downhole commingle Gallup and Dakota Zones. Ref. NMOCC Order No. R-5138

ILLEGIBLE

RECEIVED
MAY 1 1976
OIL CON. COM.
DIST. 3

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

SIGNED H.C. Porter TITLE Admin.Serv.Supv. DATE 5/5/76

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

St.