

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

HICKS OIL & GAS, INC.

3. Address and Telephone No.

P.O. Drawer 3307, Farmington, NM 87499 505-327-4902

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL & 1955' FEL
Sec. 13, T22N, R7W

5. Lease Designation and Serial No.

NM-0556258

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Gulf Federal #3

9. API Well No.

300432021500S1

10. Field and Pool, or Exploratory Area

Rusty Chacra

11. County or Parish, State

Sandoval, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Continued Shut In

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Current Gas Market Prices do not warrant producing subject well. We request an additional one (1) year shut in.

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OIL COIL
DIST. 2

THIS APPROVAL EXPIRES JUN 01 1993

RECEIVED
BLM
92 AUG 14 AM 10:40
019 FARMINGTON, N.M.

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

Signed Jim Hicks Title President

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

Date 8/12/92

APPROVED

Date AUG 14 1992

AREA MANAGER

NMOC