

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TERRITORIES
(Other instructions on re-
verse side)

DATE: August 31, 1985
3. LEASE DESIGNATION AND SERIAL NO.
NM - 09979
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME SOUTHEAST CHA CHA UNIT	
2. NAME OF OPERATOR HICKS OIL & GAS, INC.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. DRAWER 3307- FARMINGTON, NM 87499		9. WELL NO. 35	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T28N, R13W	
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 6125 GL		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) Extention

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) ☐
(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.)*

Per our meeting May 4th, 1989 w/John Keller, Steve Mason, Ken Townsend, J.D. Hicks and myself; we respectfully request another one (1) year extention to submit plans for the subject well.

THIS APPROVAL EXPIRES MAR 01 1990

18. 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:

INMOCD

APPROVED	
DATE <u>5/10/89</u>	
DATE <u>MAY 22 1989</u>	
DATE <u>WA</u>	
AREA MANAGER FARMINGTON RESOURCE AREA	

*See Instructions on Reverse Side