

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FOOTNOTES TO THIS FORM ARE
OTHER INSTRUCTIONS ON THE
REVERSE SIDE

1. LEASE IDENTIFICATION AND FEDERAL 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. 34
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6061 GL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T28N, R13W
	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"/>
FRACUTURE 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"/>
FRACUTURE 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
(This space for Federal or State office use)

TITLE PRESIDENT

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
NMOC

APPROVED

DATE 05/10/89

MAY 20 1989
DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side