

November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instructions on re-
verse side)

Expires August 31, 1985

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 S.E. Cha Cha
2. NAME OF OPERATOR Hicks Oil & Gas, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 3307 - Farmington, New Mexico 87499	9. WELL NO. 25
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 17, T28N, R13W
15. ELEVATIONS (Show whether DF, ST, or SC) OF AREA 5991' KB	12. COUNTY OR PARISH San Juan
	13. STATE NM

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
JUG 05 1985

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 PLANE <input type="checkbox"/>
(Other) Put back on production <input type="checkbox"/>	

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) <input 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.)*

1. Clean out to PBTD.
2. Acidize with 500 gallons of 7½% HCL acid.
3. Swab test.
4. Put back on production.

AUG 07 1985
OIL CON. DIV./
DIST. 3

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

SIGNED

Mike Hicks
Mike Hicks

TITLE President/Hicks Oil & Gas

DATE

8-1-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE 06 1985

CONDITIONS OF APPROVAL, IF ANY:

ch

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY *sm*