UNITED STATES

DEPARTMENT OF THE INTERIOR

6. IF IMDIAN, ALLOTTEL OR TRIBE NAME

GEOLOGICAL SURVEY	
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 Form 9–331–C for such proposals:)	7. UNIT AGREEMENT NAME SOUTHEAST CHA CHA UNIT 8. FARM OR LEASE NAME
1. oil gas well other OPERATOR NAME CHANGE	9. WELL NO.
2. NAME OF OPERATOR Hicks Oil & Gas, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 174, Farmington, N.M. 87401	CHA CHA GALLUP 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 16 T28N - R13W
AT SURFACE: 1830' from North line AT TOP PROD. INTERVAL: 1930' from West line AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	2 (NOTE) Report results of multiple completion or zone change on Form 9-330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly standard including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.	directionally drilled, give subsurface locations and
Name of Operator being changed from Hicks Enc	o, Inc. to Hicks Oil & Cas, Inc.
This notice is being resubmitted by request of 0il & Gas Supervisor, Minerals Management Ser 9/15/81	of James F. Sims, District vices. Originally filed

Set @ _____Ft

Subsurface Safety Valve: Manu. and Type

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

πιε President

____DATE _5/19/82

(This space for Federal or State office use)

CONDITIONS OF APPROVAL TELEFICIAL FOR RECORD

DATE

JUN 08 1982

*See Instructions on Reverse Side

FABMINGTON DISTRICT