

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
RONALD HICKS

3. ADDRESS OF OPERATOR
P. O. Box 356, Bloomfield, NM 87413

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
820'
690' FSL & 1820' FWL

14. PERMIT NO.
API #30-045-10448

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5538 G.L.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-604-1949

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Mt. Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ute

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-31N, R-16W

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 checked="" type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | | | |

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.)*

Move in rig, check tubing for holes, check well for fill up, clean out well if necessary and restore well back to production.

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

SIGNED

Ronald Hicks

TITLE Designated Operator

DATE

APR 13 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAR 13 1989

CONDITIONS OF APPROVAL, IF ANY:

UNCD

BY

[Signature]

*See Instructions on Reverse Side