

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OTHER INSTRUCTIONS OR TO  
VOLUME 10

5 LEASE IDENTIFICATION AND SERIAL NO  
SF - 077968  
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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

HICKS OIL & GAS, INC.

3. ADDRESS OF OPERATOR

P.O. DRAWER 3307 - FARMINGTON, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1830' FNL & 1930' FWL

14. PERMIT NO.

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

6090 RDB

7. UNIT AGREEMENT NAME

SOUTHEAST CHA CHA UNIT

8. FARM OR LEASE NAME

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Cha Cha Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 16, 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

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Extention

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

EXHAUSTING WELL

ALTERING CASING

ABANDONMENT\*

(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

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

\*See Instructions on Reverse Side

APPROVED

DATE 05/10/89

MAY 23 1989

AREA MANAGER  
FARMINGTON RESOURCE AREA