## UNITED STATES DEPARTMENT OF THE INT

SUBMIT IN TRIPLICATE\*
(Other instructions on re-

Form approved. Budget/Bureau No. 42-R1424. SE DESIGNATION AND SEBIAL NO.

υ.	LEASE	DESIGNATION	44
	er c	77968	

ENT	OF	THE	INTERIOR	verse side)

GEOLOGICA GEOLOGICA	I SURVEY	SF 077968
SUBJECTION AND THE AND	PEPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Open not use this form for proposals to drill or Use "APPLICATION FOR PE	to deepen or plug back to a different reservoir. RMIT " for such proposals.)	
		7. UNIT AGREEMENT NAME
1. OIL C GAS C		Southeast Cha Cha
WELL WELL CO OTHER		S. FARM OR LEASE NAME
Hicks Enco, Inc.		
3. ADDRESS OF OPERATOR		9. WELL NO.
	on, New Mexico 87401	10. FIELD AND POOL, OR WILDCAT
t togernor of Well (Report location clearly and in	ecordance with any State requirements.	Cha Cha Gallup
	South line and 2060' West of F	
	South Time and 2000 min	<b>i</b>
line		Sec. 8 - T28N - R13W
	ONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.		SanJuan New Mexico
Grou	nd 5974	Orban Data
16. Check Appropriate E	Box To Indicate Nature of Notice, Report,	Of Other Daid
NOTICE OF INTENTION TO:	su	BSEQUENT REPORT OF .
1" "]	WATER SHUT-OFF	REPAIRING WELL
TEST WATER AND THE CO.	THE	ALTERING CASING
PRACTURE TRANSPORT	SHOOTING OR ACIDIZING	AHANDONMENT*
SHOOT OR ACTORDA	s (Other) Format	
REPAIR WELL	Completion or Re	esuits of matripe completion Report and Log form.)
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cle proposed work. If well is directionally drilled, proposed to this work.)*	early state all pertinent details, and give pertinent	dates, inclining estimated data and zones perti-
proposed work. If well is directionally drilled, nent to this work.) * Estimated Tops	give subsurface doctors and	
	0	
Surface sand and shale	216	
Ojo Alamo sand Kirtland sand and shale	392	
Fruitland sand and shale	1407	
Pictured Cliffs sand and s	hale 1707	
Lewis shale	1890	
Mesa Verde sand and shale	2622	
Mancos shale	4485	
Gallup sand and shale	5364	
		Mark Control of the C
		gore .
		1 No.
		The state of the s
18. I hereby certify that the foregoing is true and	correct	DATE
25 461	TITLE President	DATE
SIGNED K. D. Hicks	<u></u>	
(This space for Federal or State office use)		DATE
APPROVED BY	TITLE	T/ALL
CONDITIONS OF APPROVAL, IF ANY:	MARGO	
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