Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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 Enco, Inc.

3. ADDRESS OF OPERATOR
2313 Santiago, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
5' South of North line and 2540 East of West line

5. LEASE DESIGNATION AND SERIAL NO.
14-20-6-3-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo "F"

9. WELL NO.
147

10. FIELD AND POOL, OR WILDCAT
Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9 - T31N - R17W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
Ground 5242

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	WATER SHUT-OFF	☐	REPAIRING WELL
FRACTURE TREAT	☐	MULTIPLE COMPLETE	FRACTURE TREATMENT	☐	ALTERING CASING
SHOOT OR ACIDIZE	☐	ABANDON*	SHOOTING OR ACIDIZING	☐	ABANDONMENT*
REPAIR WELL	☐	CHANGE PLANS	(Other)	☐	
(Other)	X				

(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.)*

Change surface pipe from 60' to 90'. Circulate cement to surface.
The formation on the surface is the Mancos.

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

SIGNED J. D. Hicks TITLE PRESIDENT DATE 11-7-79

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

NM000

*See Instructions on Reverse Side