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March 4, 1985

BEFORE EXAMINER QUINTANA	
OIL CONSERVATION DIVISION	
Hicks	EXHIBIT NO. 1
CASE NO.	8547

Mr. Richard L. Stamets
Oil Conservation Division
Post Office Box 2088
Santa Fe, New Mexico 87501

"Certified Mail-
Return Receipt"

Re: Hicks Oil & Gas
Salt Water Disposal
Section 22, T28N, R13W, NMPM
San Juan County, New Mexico

Dear Mr. Stamets:

On February 18, 1985, on behalf of Hicks Oil & Gas Inc. I filed an application which is set for hearing on March 27, 1985, for approval of the SE Cha Cha Well 34, located in Unit F of the referenced Section 22 for use of the Gallup formation for disposal.

Please find enclosed two copies of the required Division Form C-108 and attachments. By copy of this letter we are sending form C-108 by certified mail-return receipt to the surface owner, the OCD District Office, and all operators within a one-half mile radius.

Very truly yours,

Original signed by
W. THOMAS KELLAHIN
W. Thomas Kellahin

WTK:sg
Enc.

cc: Mr. Frank Chavez
Oil Conservation Div.
1000 Rio Brazos Road
Aztec, NM 87410

Amoco
Post Office Box 800
Denver, Colorado 80201
Attn: Mr. Charles Boyce

Mr. Mike Hicks
Hicks Oil & Gas Inc.
P. O. Drawer 3307
Farmington, NM 87499

Southland Royalty Company
P. O. Drawer 570
Farmington, NM 87499
Attn: Mr. Robert Fielder

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Mr. Richard Stamets
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cc: Mr. Al Greer
Benson, Montin Greer
Drilling Corporation
221 Petroleum Center Bldg.
Farmington, NM 87401

Bureau of Indian Affairs
Navajo Indian Irrigation Pro.
3539 E. 30th Street
N.W. Energy Bldg., Room 103
Farmington, NM 87401

Hicks Oil & Gas 3/27/85

<p>SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.</p> <p>(CONSULT POSTMASTER FOR FEES) The following service is requested (check one). <input type="checkbox"/> Show to whom and date delivered <input type="checkbox"/> Show to whom, date, and address of delivery .. <input type="checkbox"/> RESTRICTED DELIVERY <i>(The restricted delivery fee is charged in addition to the return receipt fee.)</i></p> <p>TOTAL \$ _____</p>		<p>3. ARTICLE ADDRESSED TO: Attn: Mr. Robert Fielder P. O. Drawer 570 Farmington, NM 87499</p>		<p>ARTICLE NUMBER P612378999</p>	
<p>4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL</p>		<p>(Always obtain signature of addressee or agent)</p>		<p>I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent <i>Robert Fielder</i></p>	
<p>5. DATE OF DELIVERY 3-27-85</p>		<p>6. ADDRESSEE'S ADDRESS (Only if requested)</p>		<p>POSTMARK (may be on reverse side)</p>	
<p>7. UNABLE TO DELIVER BECAUSE:</p>				<p>7a. EMPLOYEE'S INITIALS <i>RF</i></p>	

PS Form 3811, July 1982

RETURN RECEIPT

Hicks Oil & Gas 3/27/85

<p>SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box (es) for service(s) requested.</u></p> <p>1. <input type="checkbox"/> Show to whom, date and address of delivery. 2. <input type="checkbox"/> Restricted Delivery.</p>		<p>3. Article Addressed to: AmOCO Post Office Box 800 Denver, Colorado 80201 Attn: Mr. Charles Boyce</p>		<p>Article Number P 612 378 998</p>	
<p>4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>		<p>5. Signature - Addressee X</p>	
				<p>6. Signature - Agent X</p>	
				<p>7. Date of Delivery</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>					

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 Mr. Al Greer
 Benson-Montin-Greer Drilling
 221 Petroleum Center Bldg.
 Farmington, New Mexico 87401

4. Type of Service:
 Registered Insured
 Certified COD
 Express Mail
 Article Number: P176135251

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 3-27-85

8. Addressee's Address (ONLY if requested and fee paid)

FARMINGTON, NM 87401
 MAR 27 1985

SENDER: Complete items 1, 2, 3, and 4.
 Add your address in the "RETURN TO" space on reverse.
(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one):
 Show to whom and date delivered
 Show to whom, date, and address of delivery
 RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)

2. TOTAL \$ _____

3. ARTICLE ADDRESSED TO:
 Mr. Frank Chavez
 1000 Rio Brazos Road
 Aztec, New Mexico 87410

4. TYPE OF SERVICE:
 REGISTERED INSURED
 CERTIFIED COD
 EXPRESS MAIL
 Article Number: P612378995

Always obtain signature of addressee or agent (Always obtain signature of addressee or agent)

SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY
 3-25-85

6. ADDRESSEE'S ADDRESS (only if requested)

7. UNABLE TO DELIVER BECAUSE:

POSTMARK
 (Stamp on reverse side)
 7-11 AM
 DELIVERER'S INITIALS

* GPO: 1982-379-593

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 Bureau of Indian Affairs
 Navajo Indian Irrigation Pro.
 3539 E. 30th Street
 N.W. Energy Bldg., Rm 103
 Farmington, NM 87401

4. Type of Service:
 Registered Insured
 Certified COD
 Express Mail
 Article Number: P 612 378 996

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 3-5-85

8. Addressee's Address (ONLY if requested and fee paid)

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no

II. Operator: Hicks Oil & Gas, Inc.

Address: P.O. Drawer 3307, Farmington, N.M. 87499

Contact party: Mike Hicks Phone: 505/327-4902

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project _____.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Mike Hicks Title President

Signature: _____ Date: 1/17/85

If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.