UNITED STATES

		Budget Bure	au No.	42-R142
-				
	5. LEASE	<u>.</u>		
		SF .077976		
		SF 077976		

DEPARTMENT OF THE INTERIOR	SF 077976	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME. Southeast Cha Cha	
o not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME	
oil gas other	9. WELL NO. 26	
NAME OF OPERATOR Hicks Enco, Inc.	10. FIELD OR WILDCAT NAME	
ADDRESS OF OPERATOR	Cha Cha Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR	
D. O. Boy 174. Farmington, N.M. 87401		
. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA Sec. 17 - T/8N-R13W	
below.) AT SURFACE: 790' from South line and 790' AT TOR BEOD INTERVAL: from East line	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVACE	San Juan - New Mexico	
AT TOTAL DEPTH: 5. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATIONS SHOW DF, KDB, AND WD)	
NEI ONLY DEPORT	1 5068 ground	
EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF		
EST WATER SHUT-OFF	1 25 198 (NOTE) Resort results of multiple completion or zon.	
HOOT OR ACIDIZE	(NOTE) Report results of multiple completion or zon change on form 9-330.)	
EPAIR WELL	(NOTE) Report results of multiple completion or zon change on form 9-330.)	
PULL OR ALTER CASING UM UNITED	Miles - Fill .	
CHANGE ZONES		
10000		
(other) Abd Darotz X	doto	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	ent to this work.)*	
	in and off tool and seat nipple.	
Ran 177 joints 2 3/8 EUE 4.7# with packer, to Seat nipple on top of on-off tool. On-off to	tool one joint above packer.	
Lock set Baker Packer in tension at 5592' in		
Set at B.P. 6190' Placed 55 sks cement on	top of bridge plug.	
	GIL WAY 12	
Subsurface Safety Valve: Manu. and Type		
18. I hereby certify that the foregoing is true and correct		
TITLE President	DATE	
(This space for Federal or State		
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:		
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THEF A VI	
NMOCC INMOCC	70	
•See Instructions on Reve	rse Side	
•Sae Instructions on Keve		

*See Instructions on Reverse Side