

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATION
6089' GR 6099 DF

5. LEASE DESIGNATION AND SERIAL NO.
NM09979

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Southeast Cha Cha

8. FARM OR LEASE NAME

9. WELL NO.
23

10. FIELD AND POOL, OR WILDCAT
Cha Cha Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T28N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

RECEIVED

OCT 19 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

1. Test for casing leaks and squeeze cement as required.
2. Run 3½" - 9.3# liner inside 4½" casing to 4800' and cement.
3. Re-stimulate existing Gallup perforations with gelwater frac.
4. Place well on production.

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

SIGNED Mike Hicks

TITLE President

DATE 10/12/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NOV 23 1984
OIL CON. DIV.
DIST. 3

APPROVED

10/12/1984
FOR M. MILLENBACH
AREA MANAGER