

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

IT IS HEREBY
INSTRUCTED THAT THE
INSTRUCTIONS ON THE
REVERSE SIDE

LEASE REGISTRATION AND SERIAL NO.

NM - 09979

IF INDIAN, ALLOTTEE OR TRUST NAME

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, NM 87499

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

800' FSL & 730' FEL

7. UNIT AGREEMENT NAME

SOUTHEAST CHA CHA UNIT

8. FARM OR LEASE NAME

9. WELL NO.

30

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 13. STATE

San Juan

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

6083 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Extention

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Per our meeting May 4th, 1989 w/John Keller, Steve Mason, Ken Townsend, J.D. Hicks
and myself; we respectfully request another one (1) year extention to submit plans
for the subject well.

THIS APPROVAL EXPIRES MAR 01 1990

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

SIGNED

JIM HICKS

TITLE

President

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 05/10/89

MAY 23 1989

DATE
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side