

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Disposal</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM 09979</u>
2. NAME OF OPERATOR <u>HICKS OIL & GAS, INC.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. DRAWER 3307, FARMINGTON, NM 87499</u>		7. UNIT AGREEMENT NAME <u>Southeast Cha Cha</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>2100' FEL & 550' FSL</u>		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6109' GR 6123' KB</u>	9. WELL NO. <u>37</u>
		10. FIELD AND POOL, OR WILDCAT <u>Cha Cha Gallup</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 15, T28N, R13W</u>
		12. COUNTY OR PARISH <u>San Juan</u>
		13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Packer Failure</u>	
(Other) <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. Pulled tubing, removed Packer.
2. Ran plastic coated 2 3/8" tubing with a stainless steel Inverted Lok-set Mod 45A4 Packer.
3. Hydro-tested tubing to 5500 PSI, no leaks.
4. Circulated hole with 110 BBLs Packer Fluid. Quaternary ammonium compounds, metanol and water.
5. Set Packer @5410', Pressured tested casing to 550 PSI for 15 minutes with no bleed off.
6. Started injection, checked casing, packer still holding.

RECEIVED
AUG 19 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Jim Hicks TITLE President DATE 08/13/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE AUG 18 1987

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side
NMOCC

FARMINGTON RESOURCE AREA
BY SMM