

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Hicks Enco, Inc.
3. ADDRESS OF OPERATOR
P.O. box 174, Farmington, N.M.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 990' from West Line & 2100' from South
AT SURFACE: Line
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

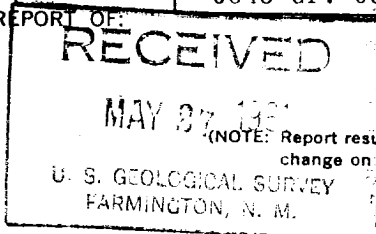
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☒
☐
☐
☐
☐
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☐
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5. LEASE
NM 09979
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Southeast cha Cha
8. FARM OR LEASE NAME
9. WELL NO. 38
10. FIELD OR WILDCAT NAME
Cha Cha Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T28N, R13W
12. COUNTY OR PARISH San Juan 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6048 Gr. 6061 KB

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.)*

4/3/81 - Cleaned well out to 5790'. Perforated 5694 - 5708 with 2 holes per foot. Acidized with 500 gal. 15% HCL acid. 4-4-81 Frac treated with 40,000# of sand in 40,000 gal. of 70 quality nitrogen foam. 4-6,7 & 8-81 Swab tested well and cleaned sand out of well. 5-11-81 - Set pumping unit and started producing.

ACCEPTED FOR RECORD

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mike Hicks TITLE Engineer DATE 5/22/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC