

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for a permit to deepen or plug back to a different reservoir. Use Form BLM-100-1 PERMIT-1 for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		2. UNIT AGREEMENT NAME S.E. Cha Cha
3. NAME OF OPERATOR Hicks Oil & Gas, Inc.		4. FARM OR LEASE NAME
5. ADDRESS OF OPERATOR P.O. Drawer 3307 Farmington, NM 87499		6. WELL NO. 17
7. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1830' FNL and 1930' FWL		8. FIELD AND POOL, OR WILD CAT Cha Cha Gallup
14. PERMIT NO.		11. SEC. T., R., M., OR ELEV. AND SURVEY OR AREA Sec. 16, T28N, R13W
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH San Juan
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		13. STATE NM

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MAY 30 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 source pertinent to this work.)

Well has not been abandoned. Due to the oil price collapse and severely reduced cash flow we request permission to postpone the abandonment until market conditions are more favorable.

The casing & uppermost plug is to be pressure tested to 1000 psi at the surface with no more than 10% bleed-off in 15 minutes

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JUN 12 1986

OIL CON. DIV.
DIST. 3

Done 9/49/87

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

SIGNED Mike Hicks TITLE President

DATE 5/27/86

(This space is for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

APPROVED
AS AMENDED

JUN 09 1986

AREA MANAGER

*See Instructions on Reverse Side

NMOCC