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March 4, 1985

BEFORE EXAMINER QUINTANA	
OIL CONSERVATION DIVISION	
Hicks	EXHIBIT NO. 1
CASE NO.	8546

Mr. Richard L. Stamets
Oil Conservation Division
Post Office Box 2088
Santa Fe, New Mexico 87501

Certified Mail -
Return Receipt

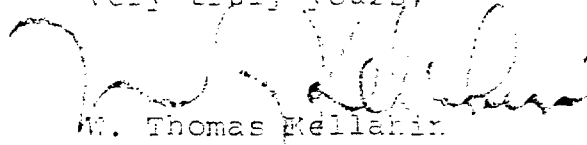
Re: Hicks Oil & Gas, Inc.
Salt Water Disposal
Section 17, T28N, R13W, NMPM
San Juan County, New Mexico

Dear Mr. Stamets:

On February 18, 1985, on behalf of Hicks Oil & Gas Inc. I filed an application which is set for hearing on March 27, 1985, for approval of the SE Cha Cha Well 16, located in Unit H of the referenced Section 17 for use of the Gallup formation for disposal.

Please find enclosed two copies of the required Division Form C-108 and attachments. By copy of this letter we are sending Form C-108 by certified mail-return receipt to the surface owner, the OCD District Office, and all operators within a one-half mile radius.

Very truly yours,


W. Thomas Kellabin

WTK:sg
Enc.

cc: Mr. Frank Chavez
Oil Conservation Div.
1000 Rio Brazos Road
Aztec, NM 87410

Southland Royalty Co.
P. O. Drawer 570
Farmington, NM 87499
Attn: Mr. Robert Fielder

Mr. Mike Hicks
Hicks Oil & Gas Inc.
P. O. Drawer 3307
Farmington, NM 87499

Bureau of Indian Affairs
Navajo Indian Irrigation Proj.
3539 E. 30th Street
N.W. Energy Bldg., Rm 103
Farmington, NM 87401

SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.	
(CONSULT POSTMASTER FOR FEES)	
1. The following service is requested (check one): <input type="checkbox"/> Show to whom and date delivered <input type="checkbox"/> Show to whom, date, and address of delivery <input type="checkbox"/> RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)	
TOTAL \$ _____	
3. ARTICLE ADDRESSED TO: Attn: Mr. Robert Fielder P. O. Drawer 570 Farmington, NM 87499	
4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> CERTIFIED <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P612378999
(Always obtain signature of addressee or agent)	
I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent	
5. DATE OF DELIVERY 3-7-85	POSTMARK (may be on reverse side)
6. ADDRESSEE'S ADDRESS (only if requested)	7a. EMPLOYEE'S INITIALS
7. UNABLE TO DELIVER BECAUSE:	

Hicks Oil & Gas 3/27/85

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fee the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery. 2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Bureau of Indian Affairs Navajo Indian Irrigation Pro. 3539 E. 30th Street N.W. Energy Bldg. 103 Farmington, NM 87401	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 612 378 996
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <input checked="" type="checkbox"/> Signature - Agent	
6. Signature - Agent X	
7. Date of Delivery 3-5-85	
8. Addressee's Address (ONLY if requested and fee paid)	

Hicks Oil & Gas 3/27/85

SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.	
(CONSULT POSTMASTER FOR FEES)	
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TOTAL \$ _____	
3. ARTICLE ADDRESSED TO: Mr. Frank Chavez 1000 Rio Brazos Road Aztec, New Mexico 87410	
4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> CERTIFIED <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P612378995
(Always obtain signature of addressee or agent)	
I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent	
5. DATE OF DELIVERY 3-5-85	POSTMARK (may be on reverse side)
6. ADDRESSEE'S ADDRESS (only if requested)	7a. EMPLOYEE'S INITIALS
7. UNABLE TO DELIVER BECAUSE:	

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ yes ☐ no

II. Operator: Hicks Oil & Gas, Inc.

Address: P.O. Drawer 3307, Farmington, New Mexico 87499

Contact party: Mike Hicks Phone: 505/327-4902

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? ☐ yes ☒ no
If yes, give the Division order number authorizing the project _____.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Mike Hicks Title: President

Signature: Mike Hicks Date: 1/17/85

- If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.