

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-25601 | |
| 2. NAME OF OPERATOR Hixon Development Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 1980' FWL, Section 28, T 20N, R2W | | 8. FARM OR LEASE NAME Hugh K. Foster | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6900' GLE | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 28, T20N, R2W | |
| | | 12. COUNTY OR PARISH Sandoval | |
| | | 13. STATE New Mexico | |

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 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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(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 zones pertinent to this work.)*

We want to reconfirm the fact that the above referenced well is tight. All sundries and other information is to be held confidential.

RECEIVED
MAY 17 1985
OIL CON. DIV.
DIST. 3

CONFIDENTIAL

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

| | | |
|--|---------------------------------|--------------------------|
| SIGNED <u>Bruce C. Delventhal</u> | TITLE <u>Petroleum Engineer</u> | DATE <u>MAY 15 1985</u> |
| (This space for Federal or State office use) | | ACCEPTED FOR RECORD |
| APPROVED BY _____ | TITLE _____ | DATE <u>MAY 15 1985</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | FARMINGTON RESOURCE AREA |

*See Instructions on Reverse Side