

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 070322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Carson Unit

9. WELL NO.
34-15

10. FIELD AND POOL, OR WILDCAT
Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 15, T 25N, R 12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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.)

RECEIVED

DEC 23 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
xon Development Company

3. ADDRESS OF OPERATOR
P.O. Box 2810, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also page 17 below.)
At SUR.

230' FSL, 2310' FEL, Section 15, T 25N, R 12W, NMPM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6352' GLE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

Acidized perforations (4712'-4718', 4790'-4794', 4811'-4818', 4862'-4872',
4884'-4894', and 4902'-4911') on November 25, 1985 with 1500 gallons of
15% HCL. Returned well to pump November 26, 1985.

RECEIVED
FEB 03 1986
OIL CON. DIV.
DIST. 3

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

SIGNED Evelyn J. Buckford

TITLE Administrative Supervisor DATE December 20, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOC