

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42 R1421

5. LEASE DESIGNATION AND SERIAL NO

NM 070322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hixon Development Company

3. ADDRESS OF OPERATOR

P.O. Box 2810, Farmington, New Mexico 87401

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

860' FNL, 700' FEL, Section 15, T25N, R12W

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

41-13

10. FIELD AND POOL, OR WILDCAT

Bisti

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 15, T25N, R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6261' KB

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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

☐
☐
☐
☐
☐

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 pertinent to this work.)*

It is planned to return this well to production after testing casing and repairing if required. If the Gallup sand requires stimulation the productive intervals 4759'-4859' will be selectively treated with 15% HCl acid or slick water fraced as required to establish production.



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

SIGNED

Petroleum Engineer

DATE 9/3/82

(This space for Federal or State office use)

APPROVED BY

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 09 1982

For JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC