

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		7. UNIT AGREEMENT NAME <u>Carson Unit</u>	
2. NAME OF OPERATOR <u>Hixon Development Company</u>		8. FARM OR LEASE NAME <u></u>	
3. ADDRESS OF OPERATOR <u>PO Box 2810, Farmington, NM 87499</u>		9. WELL NO. <u>21-14</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>		10. FIELD AND POOL, OR WILDCAT <u>Bisti Lower Gallup</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>698' FEL, 2011' FWL, Section 14, T25N, R12W, NMPM</u>		12. COUNTY OR PARISH <u>San Juan</u>	
14. PERMIT NO. <u></u>		13. STATE <u>NM</u>	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>6272' KB</u>			

RECEIVED

JUL 18 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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) <input type="checkbox"/>
(Other) <u>Resume Water Injection</u> <input checked="" type="checkbox"/>		(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.)*

Hixon Development Company plans to resume water injection on the above referenced well.

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

SIGNED Bruce E. Delventhal

TITLE Petroleum Engineer

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUL 30 1986

FARMINGTON RESOURCE AREA

BY Sam

*See Instructions on Reverse Side

NMOCO