REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

**PULL OR ALTER CASING** MULTIPLE COMPLETE

FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL

**CHANGE ZONES** ABANDON\*

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

 $\mathbf{x}$ 

DEPARTMENT OF THE INTERIOR	NM 070322-A			
GEOLOGICAL SURVEY	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	7. UNIT AGREEMENT NAME Central Bisti Lower Gallup Unit			
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME			
1. oil X gas other other	9. WELL NO.			
2. NAME OF OPERATOR Hixon Development Company	10. FIELD OR WILDCAT NAME Bisti Lower Gallup			
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10, T25N, R12W			
below.) AT SURFACE: 660' FSL, 660' FWL, Section 10-25-1. AT TOP PROD. INTERVAL:				
AT TOTAL DEPTH:  16 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO			

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

5. LEASE

6246' KB

FARMINGT (other) 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.)\*

U. G. GEOLOGICAL SURVEY

SUBSECUENT REPORT OF:

It is planned to stimulate this well's production by fracing with 50,000# sand. Prior fracing the well's production casing will be pressure tested and repaired if necessary.



			2101. 3	• •	
Subsurface Safety Valve: Manu. and Typ	pe		Set @	F1	:-
18. Inereby certify that the foregoing is		DATE .	June 13, 1983		_
	(This space for Federal or State office use)			:	
APPROVED BY	TITLE	DATE			_
CONDITIONS OF APPROVAL, IF ANY:				141	
APPROVED BY	•	DATE			_

APPROVED

See Instructions on Reverse Side