

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL, 1980' FEL, 7-25-12
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Convert well to WI

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

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

APR 27 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 proposed to convert the subject well to water injection. Water injection will be confined to the Zone I of the Lower Gallup perforations 4842'-58'. The Lower Gallup perforations 4890'-96', 4922'-30' and 4910'-16' will be isolated with a mechanical bridge plug and/or squeezed with cement. Casing will be tested and repaired if necessary. The Zone I perforations 4842'-58' will be acidized with 1000 gallons 15% HCL. Well name will be changed to WI-64.

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MAY 03 1984

Subsurface Safety Valve: Manu. and Type _____

OIL CON. DIV.

DIST. 3

Set @ _____ Ft.

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

SIGNED

William L. Ketchum

TITLE Petroleum Engineer

DATE 4/25/84

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

NMOCC

1984
John Miller
M. MILLENBACH
AREA MANAGER