22:23:25:25:25:25:25:25:25:25:25:25:25:25:25:		MAR2 6 1990 OIL CON. DIV. DIST. 3
22 23 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	serves from this unit as waterflood response ar rrent economics dictate.	RECEIVED
22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	serves from this unit as waterflood response ar rrent economics dictate.	of nd
re cu	serves from this unit as waterflood response ar rrent economics dictate.	of nd
re	serves from this unit as waterflood response ar	of nd
proposed work. If nent to this work.)	well is directionally drilled, give subsurface locations and measured and true	vertical depths for all markers and zones pe
REPAIR WELL (Other) 17. DESCRIBE PROPOSED OF	Note: Report Completion or R	e to BLM letter dated 6-9-8 results of multiple completion on Well tecompletion Report and Log form.)
FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING WATER SHUT-OFF MULTIPLE COMPLETE FRACTUBE TREATMENT ABANDON® SHOOTING OR ACIDIZIN	
TEST WATER SHUT-O	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
16.	Check Appropriate Box To Indicate Nature of Notice, Report	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6219 DF 6207	Sec. 10, T25N, R12W
	79' FWL, Section 10, T25N, R12W	Bisti Lower Gallup 11. SEC., T., E., M., OR BLK. AND SURVEY OR ARMA
P.O. Box 281 4. LOCATION OF WELL (1) See also space 17 bel At surface	0, Farmington, NM 87499 deport location clearly and in accordance with any State requirements.	24-10 10. FIELD AND POOL, OR WILDCAT
Hixon Develo 3. ADDRESS OF OPERATO	pment Company	9. WELL NO.
WELL X WELL 2. NAME OF OPERATOR	UTER	Carson Unit
OIL GAS	OTHER	7. UNIT AGREEMENT NAME
1.		l l
(Do not use this	IDRY NOTICES AND REPORTS ON WELLS form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NA
(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.)	l l

NMOCD
*See Instructions on Reverse Side

TITLE _

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

SMW

DATE _