

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(For F.L.M. Use Only - Reverse Side)

EXPIRATION DATE: 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. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NO 14-20-603-1424
2. NAME OF OPERATOR Hixon Development Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL, 1980' FEL, Section 4, T25N, R12W	8. FARM OR LEASE NAME Central Bisti Lower Gallup Unit
	9. WELL NO. 58
	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 4, T25N, R12W
14. PERMIT NO.	15. ELEVATIONS (Show whether LF, FL, GR, etc.) 6173' GLE
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		☐

(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 notes pertinent to this work.)*

Cleaned out well and stimulated perfs. (4942' - 66', 4856' - 64', 4844' - 50', 4810' - 14', 4804' - 7' and 4780' - 4800') with 1000 gallons 15% HCL acid.

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

SIGNED Bruce E. Delventhal

TITLE Petroleum Engineer

DATE August 31, 1984

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

DATE SEP 05 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY EOM