

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-323
2. NAME OF OPERATOR HIXON DEVELOPMENT COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. BOX 2810, FARMINGTON, NM 87499		7. UNIT AGREEMENT NAME Central Bisti Unit
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 5, T 25N, R 12W		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. WI-57
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T 25N, R 12W
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> WATER INJECTION	

(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.)*

In preparing this well for inclusion in our existing waterflood we have cleaned the subject well out to a depth of 4825' and acidized the Gallup perforations (4780'-4800') with 1500 gallons of 15% HCL acid. The injection packer is set on tubing at 4744'. We will inject water into the Gallup Formation perforations at 4780'-4800'. This well has been approved for water injection by the New Mexico Oil Conservation Commission under Order No. WFX-528.

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

SIGNED Bruce C. Delventhal

TITLE Petroleum Engineer

DATE September 12, 1985

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 19 1985

FARMINGTON RESOURCE AREA
SM

*See Instructions on Reverse Side

BY.....