UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side) GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
5. Lease designation and serial No.

14-20-603-323

i	l <i>Υ</i> `	+-	20-00	13-323			
	76.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NAME

			6. IF INDIAN, ALLOTTEE	OR TRIBE NAME		
SUNDRY NOTION (Do not use this form for proposa Use "APPLICA"	CES AND REPORTS C	ON WELS	Navajo			
1.		G 190	7. UNIT AGREEMENT NA	ME		
OIL GAS X		DEC 13 130	Control Bi			
WE'L WELL OTHER			Central Bisti 8. FARM OR LEASE NAM	110		
2. NAME OF OPERATOR Hixon Development	Company	GEOLOGICAL N. M.		Unit		
<u> </u>		S. GENTAGI	9. WELL NO.			
3. ADDRESS OF OPERATOR	mington, New Mexico	87499				
P.U. BOX 2010, Fall	10. FIELD AND POOL, OF	R WILDCAT				
4. LOCATION OF WELL (Report location clease also space 17 below.)						
At surface	Bisti Lower Gallup 11. SEC., T., R., M., OR BLK. AND					
			SURVEY OR AREA	DA. AND		
660' FSL, 1980' FE	660' FSL, 1980' FEL, Section 5, T25N, R12W					
			Section 5, T2			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE		
, , , , , , , , , , , , , , , , , , , ,	6190' GLE		San Juan	NM		
		lature of Notice, Report, or C	Other Data			
16. Check Ap			DENT REPORT OF:			
NOTICE OF INIEN						
TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	137		
FRACTURE TREAT	IULTEPLE COMPLETE	FRACTURE TREATMENT	ALTERING C.			
SHOOT OR ACIDIZE	SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDI					
REPAIR WELL	HANGE PLANS	(Other)	of multiple completion	on Wall		
(Other)	ts of multiple completion on Well pletion Report and Log form.)					
17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is directionent to this work.) *	RATIONS (Clearly state all pertinen nally drilled, give subsurface located)	it details, and give pertinent dates tions and measured and true vertic	, including estimated dat al depths for all marker	e of starting any s and zones perti-		
12 sacks plug from	ement plug from 4872'CIBP at 1190' and cap 1172'-1174'. Squeez JSPF and acidize perf uctive.	cap with 1 eeze with 35				
				The state of the s		

(This space for Federal or State office use)

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

APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY:

el TIPLE?

CORESTED FOR RECORD

DEC 1 4 1982

DATE 12/7/82

*See Instructions on Reverse Side

