

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
14-20-603-1424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. UNIT AGREEMENT NAME Central Bisti Unit	
2. NAME OF OPERATOR Hixon Development Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499		9. WELL NO. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL, 810' FEL, Section 4, T25N, R12W, NMPM		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6175' DF	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T25N, R12W	
		12. COUNTY OR PARISH   13. STATE San Juan   New Mexico	

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

<table border="0" style="width:100%;"> <tr> <td style="width:50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) Response to BLM letter dated April 12, 1988 <input checked="" type="checkbox"/></td> </tr> </table>	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) Response to BLM letter dated April 12, 1988 <input checked="" type="checkbox"/>		<table border="0" style="width:100%;"> <tr> <td style="width:50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <input type="checkbox"/></td> </tr> </table>	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"/>	
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(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.)\*

Economic considerations make this well uncommercial for production at this time. Secondary recovery planning indicates that this wellbore is situated in an area that may be utilized as a water injection well. It is our intent to evaluate this prospect further and convert the well to injection if it is economically advantageous.

*See only,*

**RECEIVED**  
JUN 6 1988  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM FIELD ROOM  
88 MAY 12 AM 9:31  
FARMINGTON REGIONAL OFFICE  
FARMINGTON, NEW MEXICO

THIS APPROVAL EXPIRES 6/1/89

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

SIGNED Aldrich L. Kuchera TITLE Petroleum Engineer DATE May 11, 1988

(This space for Federal or State office use) BED

JUN 01 1988  
*[Signature]*  
AREA SUPERVISOR  
FARMINGTON REGIONAL OFFICE

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side  
**NMOCC**