

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-321	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 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 1880' FWL, 1980' FSL, Section 4, T25N, R12W		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether SP, WT, GR, etc.) 6133' GLE		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T25N, R12W	
		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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

The subject well was cleaned out. Stimulated the well's perforations (4755' - 4783', 4814' - 4819', 4824' - 4836', and 4900' - 4932') with 1,500 gallons 15% HCL. Fraced above perforations with 100,000# 20/40 mesh sand and 87,250 gallons of slickwater. Returned well to pump 10/27/84.

RECEIVED  
JAN 17 1985

OIL CON. DIV.  
DIST. 3

RECEIVED  
NOV 09 1984

OIL CON. DIV.  
DIST. 3

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

SIGNED Bruce O. Delventhal

TITLE Petroleum Engineer

ACCEPTED FOR RECORD  
DATE October 30, 1984

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

NOV 6  
FARMINGTON RECORDS  
JK.

\*See Instructions on Reverse Side

NMOCC