

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Hixon Development Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 660' FEL, Section 19, T25N, R11W, NMPM</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF 078063</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Carson Unit</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 41-19</p> <p>10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup</p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 19, T25N, R11W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE N.M.</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6419' KB</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Recomplete	X		

(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.)*

It is proposed to complete this well's Fruitland Coal interval (1100' - 1150', 1182' - 1195'). If this zone proves to be economic upon testing, a sundry to plug back to the Fruitland Coal will be submitted for approval prior to actual plug back operations.

RECEIVED
 09 MAR 13 PM 12:48
 FARMINGTON, NEW MEXICO

RECEIVED
APR 0 1989

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

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer
 (This space for Federal or State office use)

APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE March 10, 1989

APR 03 1989
[Signature]
 AREA MANAGER
 FARMINGTON REGIONAL OFFICE

*See Instructions on Reverse Side