

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Carson 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. 201
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1500' FNL, 800' FWL, Section 13, T25N, R12W	10. FIELD AND POOL, OR WILDCAT Pictured Cliff
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6379' KB
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, 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	<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"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

Obtained written approval to plug and abandon subject well from Bureau of Land Management on March 8, 1984. Squeezed off perforations and filled 4-1/2" casing with 55 sacks (65 cubic feet) Class "B" cement. Cut off 7" surface casing and welded a steel plate over the top of casing. Attached regulation 4" diameter dry hole marker to steel plate with 4' of marker above ground. Welded the following information to dry hole marker:

Hixon Development Company
SF 078064
Carson Unit #201
E-13-25N-12W

RECEIVED
OCT 25 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED Bruce C. Delventhal TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE OCT 20, 1984
AS AMENDED

OCT 20 1984

M. MILLENBACH
AREA MANAGER

Approved as to plugging of the well bore.
Liability under bond is retained until surface restoration is completed.

Instructions on Reverse Side

NMOCC

person knowingly and willfully to make to any department or agency of the
nts or representations as to any matter within its jurisdiction.