

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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. 14-20-603-1228
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo <i>Alto Hox</i>
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 1980' FSL, 2080' FEL, Sec. 9, T25N, R12W		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 72
15. ELEVATIONS (Show whether DS, RT, GR, etc.) 6195' GL		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T25N, R12W
		12. COUNTY OR PARISH San Juan
		13. STATE N.M.

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>
(Other) <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 type="checkbox"/>
(Other) <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.)*

Hixon Development Company intends to tag up and clean out fill on the above referenced well to a plug-back depth of 4888' KB. Gallup perforations (4754' - 4778') will be acidized with 500 gallons of 15% HCL acid. It is planned to frac the well with 56,754 gallons (1351 bbls) of lease crude carrying 60,000# of 12/20 Brady sand. Prior to fracturing, the well's casing will be pressure tested to 1500 psi and, if pressure test fails, casing will be repaired as necessary. The Gallup perforations (4828' - 4854') will be acidized with 1000 gallons of 15% HCL acid. The well will then be returned to production.

RECEIVED
MAR 30 1990
OIL CON. DIV. J
DIST. 3

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

SIGNED *Aldrich L. Kuchera* TITLE President
Aldrich L. Kuchera
(This space for Federal or State office use)

DATE March 21, 1990

Approved

MAR 24 1990

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE
John Townsend

Chief, Bureau of
Mineral Resources
Farmington Resource Area

*See Instructions on Reverse Side