

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

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

Form approved.  
Budget Bureau No. 42-R1424.

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>NM 036254A</u>	
2. NAME OF OPERATOR <u>Hixon Development Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 2810, Farmington, New Mexico 87401</u>		7. UNIT AGREEMENT NAME <u>Central Bisti</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1700' FNL, 1030' FEL Section 9-T25N-R12W</u>		8. FARM OR LEASE NAME <u>Federal</u>	
14. PERMIT NO.		9. WELL NO. <u>2</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6204' GL</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 9-25N-12W</u>	
		12. COUNTY OR PARISH <u>San Juan</u>	13. STATE <u>NM</u>

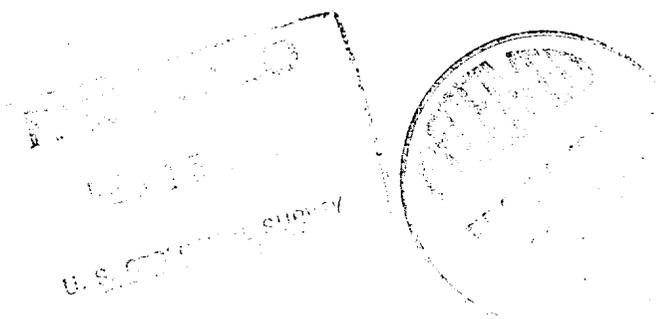
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>	(Other) _____	

(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 originally permitted and approved as a WAW-Fruitland-PC extension well. The well has been drilled and cased. Open hole logs, however, show that the Fruitland-Pictured Cliffs at this location is non-productive. We request approval to complete this well in the Farmington Sand (Kirtland) interval 637'-647'.



18. I hereby certify that the foregoing is true and correct  
 SIGNED [Signature] TITLE Petroleum Engineer DATE February 14, 1979

(This space for Federal or State office use)  
 APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

*Okal*