

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

LEASE DESIGNATION AND SERIAL NO.

SF 078056

IF INDIAN, ALLOTTEE OR TRIBE NAME

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		2. NAME OF OPERATOR Hixon Development Company		3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 88401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1500' FNL, 1850' FWL, Section 5, T25N, R12W		14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6164' GLE		8. FARM OR LEASE NAME Federal "C"	
						9. WELL NO. 6	
						10. FIELD AND POOL, OR WILDCAT Wildcat	
						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 5, T25N, R12W	
						12. COUNTY OR PARISH San Juan	
						13. STATE NM	

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 checked="" 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 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.) *

The above captioned well has proven non-commercial subsequent to foam frac treatment. It is intended to plug and abandon this well by filling 2-7/8" casing and squeezing perforations at 440', 442', 503', 602', 627', 634' and 641' with 25 sacks Class B cement. Cement will be displaced to about 30', the top joint of 2-7/8" casing removed and 7" surface pipe filled with an additional 5 sacks Class B cement. A regulation dry hole marker will be set and the location prepared for inspection.

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

SIGNED Michael A. Gentry TITLE Petroleum EngineerDATE September 24, 1980

(This space for Federal or State office use)

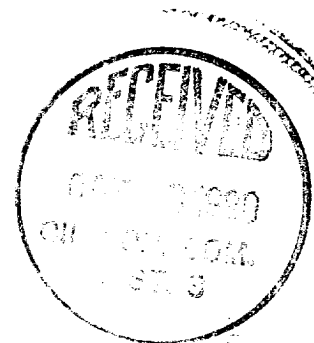
APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NM4000



APPROVED

OCT 2 1980
James F. Sims
JAMES F. SIMS

DISTRICT OIL & GAS SUPERVISOR