

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Hixon Development Company

3. ADDRESS OF OPERATOR

P.O. Box 2810, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2040' FNL, 2040' FEL, 4-25-12
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

RECEIVED Report
char

NOV 15 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

NOTE: Report results of multiple completion or zone change on Form 9-330.)

NOV 18 1983

OIL CON. DIV. 1
DISC. 3

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 at the present time. It is proposed to fill the 2-7/8" casing with 35 sacks of cement and squeeze the Pictured Cliffs perms 1096'-1108'. Cement has been circulated to surface behind 2-7/8" casing. Cut off 2-7/8" casing and install regulation dry hole marker. Prepare location for inspection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Edmund Kersch TITLE Petroleum Engineer DATE 11/9/83

(This space for Federal or State office use)

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

***See Instructions on Reverse Side**

NMOCC