Form	9-331
(May	19631

(May 1963) UNITED STATES SUBMIT IN TRIPLICATES (Other instructions on re-	Budget Bureau No. 42-R1424.
DEPARIMENT OF THE INTERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY	NM 25448 6. 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.)	O. IF INDIAN, ADDOTTED OR TRIBE NAME
1. OIL GAS 🔽	7. UNIT AGREEMENT NAME
WE',L WELL OTHER 2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Hixon Development Company	Federal 20
	9. WELL NO.
P.O. Box 2810, Farmington, New Mexico 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	1 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	
790' FNL, 790' FEL, Section 20, T25N, R12W	Chacra - Wildcat 11. SEC, T., R., M., OR BLK. AND SURVEY OR AREA
	Section 20, T25N, R12
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
6281' GLE	San Juan NM
6. Check Appropriate Box To Indicate Nature of Notice, Report, or Ot	her Data
NOTICE OF INTENTION TO:	NT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	lling Progress x
(Other)	f multiple completion on Well clon Report and Log form.)
5/06/80: Depth 82'. Spud well at 10:58 am 5/6/80. Drille with starch and water. Ran 78.65' new 7" 8rd 20 80' GLE. Cementers, Inc. circulated Class B ce CaCl and 1/4#/sack collaphane flakes to surface	0# K-55 R-3 to ement with 2%
CaCl and 1/4#/sack cellophane flakes to surface	
Displace cement from casing with water. Shut w	ell in. WOC.
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8. I hereby certify that the foregoing is true and correct SIGNED LEMAN DELTA Petroleum Engineer	DATE 5/9/80
(This space for Federal or State office use)	
APPROVED BY TITLE	ACCEPTED FOR RECORD

MAY 16 1980

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: