

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 25448                            |
| 2. NAME OF OPERATOR<br>Hixon Development Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2810, Farmington, New Mexico 87401   |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>790' FNL, 790' FEL, Section 20, T25N, R12W |  | 8. FARM OR LEASE NAME<br>Federal 20  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>1   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6281' GLE   |  | 10. FIELD AND POOL, OR WILDCAT<br>WAW-Fruitland-PC                         |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 20, T25N, R12W |
|   |  | 12. COUNTY OR PARISH<br>San Juan   |
|   |  | 13. STATE<br>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 type="checkbox"/>                |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input checked="" 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.)\*

Logs indicate Chacra Sandstone to be non-commercial, completion will not be attempted at this time. Approval is requested to test Fruitland-Pictured Cliffs intervals 1210'-1216' and 1192'-1200'.

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

SIGNED [Signature] TITLE Petroleum Engineer

DATE 6-13-80

(This space for Federal or State office use)

APPROVED BY [Signature] DATE 6-13-1980  
CONDITIONS OF APPROVAL, IF ANY:

TITLE ok [Signature]

DATE

DISTRICT ENGINEER

NMOCC

\*See Instructions on Reverse Side