

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM 25448 | |
| 2. NAME OF OPERATOR Hixon Development Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 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.* See also space 17 below.) At surface 790' FNL, 790' FEL, Section 20 T25N, R12W | | 8. FARM OR LEASE NAME Federal 20 | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6281' GLE | | 10. FIELD AND POOL, OR WILDCAT WAW Fruitland PC | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 20, 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 COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input checked="" 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.)*

The subject well was spudded 5-11-80 and drilled to an approved TD of 1800' in the Chacra sandstone. Log evaluation shows the Chacra to be non-commercial at this time. Upon requesting a change of plan the well has been perforated in the Pictured Cliffs interval 1210'-16', 1192'-1200' with 1-JSPF, acidized with 750 gallons 15% HCl mud clean up acid and fraced with nitrogen foam and sand. The frac screened off necessitating subsequent clean up work.

This well is located on Federal NM 25448 acreage due to expire 7-1-80. Because drilling and completion of this well will continue across the lease expiration deadline, we request a Lease Extension on the basis of diligent drilling operations.

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

SIGNED Robert L. Leach TITLE Petroleum EngineerDATE 6-26-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

ACCEPTED FOR REGISTRATION
JUL 8 1980
BY GLS
FARMINGTON DISTRICT