

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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. 14-20-603-1424	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Allottee</i>	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499		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 1850' FSL, 200' FEL, Section 4, T25N, R12W		8. FARM OR LEASE NAME In Ni Da Pah	
14. PERMIT NO.		9. WELL NO. 1-R	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6183' GLE		10. FIELD AND POOL, OR WILDCAT <i>Wan FRT.</i> Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T25N, R12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other)

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) Submission of Plans

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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 referenced well will be shut in on a long term basis for the following reasons:

- 1) Without artificial lift this well is unable to produce.
- 2) Under existing market conditions, this well is unable to produce in paying quantities with artificial lift.

RECEIVED

SEP 05 1989

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES JUN 01 1990

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

SIGNED Bruce E. Delventhal  
Bruce E. Delventhal  
(This space for Federal or State office use)

TITLE Vice President - Operations DATE August 18, 1989

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

\*See Instructions on Reverse Side

APPROVED

AUG 31 1989

DATE

Ken Townsend

AREA MANAGER  
FARMINGTON RESOURCE AREA