APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

AMENDED

Form Approved Budget Budget No. 42-R. 404

UNITED STATES	<b>5</b> . 18781
DEPARTMENT OF THE INTERIOR	SP (CHAP)
GEOLOGICAL SURVEY	6. IF INDIAN: ALLOTTEE OR TRIBE NAME
DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	Central Bisti Lower Gallup Unit
(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.)	8. FARM OR LEASE NAME
1. oi! sas well other	9. WELL NO.
2. NAME OF OPERATOR	75
Eixon Development Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Bisti Lower Gallup
P.O. Box 2810, Farmington, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Section 7, T25N, R12W
below.) AT SURFACE: 660' FNL, 1980' FEL 7-25-12	12. COUNTY OR PARISH 13. STATE
AT SURFACE: 660 FNE, 1960 FBB , 25 5 5 AT TOP PROD. INTERVAL:	
AT TOTAL DEPTH:	San Juan NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. 701 110.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
AMENDED SUNDRY	6264' KB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE  REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	mechonany drined, give substitute locations and
It is proposed to perforate additional Lower Ga	allup sand pay 4878'-90',
4902'-4908' and 4916'-4922' 2 JSPF and break do	own with 1000 gallons
7-1/2% HCl acid.	
	BEGEINEU
	007711983
	OIL CONL DIV.
	DIS1. 3
	UIOI. 3
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
18. A nereby certify that the long going is the and correct	

\*See Instructions on Reverse Side

(This space for Federal or State office use)

TITLE Petroleum Engineer DATE 10/24/83

\_\_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_