SHOOT OR ACIDIZE

REPAIR WELL

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT

D

c _{orm} 9-331	Budget Eureau No. 42-R1424
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078056 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 Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME Central Bisti Lower Gallup Unit 8. FARM OR LEASE NAME
1. oil gas other well other	9. WELL NO. 75
2. NAME OF OPERATOR Hixon Development Company 3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL, 1980' FEL 7-25-12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	10. FIELD OR WILDCAT NAME Bisti Lower Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 7, T25N, R12W 12. COUNTY OR PARISH 13. STATE San Juan NM 14. API NO.

(NOTE: Report results of multiple completion or zone

change PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES OCT 2 1 1983 ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and gruper in the 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.)*

DIST. 3

SUBSEQUENT REPORT OF:

It is proposed to perforate additional Lower Gallup sand pay 4882'-90' and 4902'-08' 2 JSPF and break down with 1000 gallons 7-1/2% HCl acid.

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. Thereby certify that the foregoing is true and correct SIGNED LUMB Engineer DATE	10/13/83
(This space for Federal or State office use)	<u> </u>
APPROVED BY DATE CONDITIONS OF APPROVAL. IF ANY:	APPROVED



*See Instructions on Reverse Side

NMOCC