

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR HIXON DEVELOPMENT COMPANY		3. ADDRESS OF OPERATOR P.O. BOX 2810 FARMINGTON, NM 87499		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 198C' FEL, Sec. 7, T 25N, R 12W		5. LEASE DESIGNATION AND SERIAL NO. SF 078056		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6251' GR		7. UNIT AGREEMENT NAME Central Bisti Unit		8. FARM OR LEASE NAME		9. WELL NO. 75		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T 25N, R 12W		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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to Water Injection <input checked="" 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.)*

Pending approval from the Oil Conservation Commission of New Mexico we plan to convert this well to water injection, as part of our current water flood system. We will inject water into the Lower Gallup perforations from 4832'-4846'.

We will change the name of this well from Central Bisti Unit Well No. 75 to Central Bisti Unit Well No. WI 75.

RECEIVED
AUG 15 1985

OIL CON. DIV.
DIST. 3

Subject to NMCCD Approval

18. I hereby certify that the foregoing is true and correct		APPROVED	
SIGNED <u>Bruce E. Delventhal</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>August 8, 1985</u>	
(This space for Federal or State office use)			
APPROVED BY _____		DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side
NMCCD