UNITED STATES

SUBMIT IN TRIPLICATES

Form approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR verse side	5. LEASE DESIGNATION AND SERIAL NO. ST. 07805b
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.)	6. IF INDIAN. ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
OIL X GAS WELL OTHER	Central Bisti Lower Gallup
NAME OF OPERATOR	8. FARM OR LEASE NAME Unit
Hixon Development Company	
ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 2810, Farmington, New Mexico 87401	10 FIELD AND POOL, OR WILDCAT
Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	S 1 M 1 1
At surface	Bisti Lower Gallup 11. BEC., T., B., M., OR BLK. AND
17001 TWY ((01 THE 0 (HOLD DION of 4507)	SURVEY OR AREA
1700' FNL, 660' FEL, Section 6, T25N, R12W MAY 21 1982	Section 6, T25N, R12W
4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RF, GR, etc.) 6.205 CI F	12. COUNTY OR PARISH 13. STATE
6205' GLE U. S. GLOWERSHINGTON, N. M.	-San' Juan NM
Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO: SUBSEC	UENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE FLANS (Other) Drillin	g Progress x
(Other) (Note: Report result Completion or Recomp	s of multiple completion on Well eletion Report and Log form.)
Spud well at 4:00 pm 5/19/82. Drill 12-1/4" hole to 21 8-5/8" 24# K-55 8rd surface casing. Install guide shoe and centralizers on tops of 1st and 3rd joints. Casing Cement surface casing with 130 sacks Class B 2% CaCl an Flocele. Cement circulated to surface. Shut well in.	on shoe joint set at 216.20'. d 1/4#/sack

*See Instructions on Reverse Side

MAY 21 1982

ASCEPTED FOR RECORD

FARMINGTON CISTRICT 5mh

NMOCO

TITLE

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: