APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES

UNITED STATES	X LEAST
DEPARTMENT OF THE INTERIOR	<u>SF 078056</u>
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NUTICES AND REPORTS OF THE back to a different	Central Bisti Lo ver Gallup U nit
(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. oil gas other	9. WELL NO.
2. NAME OF OPERATOR	76
Hixon Development Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Bisti Lower Gallup
P.O. Box 2810, Farmington, NM 8/499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 6, T25N, R12W
below.) AT SURFACE: 1700' FNL, 660' FEL 6-25-12	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	TE ELEVATIONS (CHOW DE KDR AND WD)
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6218' KB •
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of mettiple completion or tene
WE1711K 1122	(NOTE: Report results of metaple countries the change on Form 9–330.)
PULL OR ALTER CASING	
MIDE IN THE COLUMN TELLE	116 2 1 1300
CHANGE ZONES	5 (A. 1) (A. 1) (A. 1) (A. 1) (A. 1)
(other)	OIL COIN. DIVI
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statements) and proposed work. If well is o	te all pertinent details, and live Bertinent dates,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statistical description) including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and nt to this work.)*
It is proposed to perforate additional	Lower Gallup sand
pay 4892'-4900' and 4904'-4912' 2 JSPF	and break down with
pay 4892'-4900' and 4904 -4912 2 3311	and break down west
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	ineer DATE 10/13/83
SIGNED	Date -

*See Instructions on Reverse Side

(This space for Federal or State office use)

_____ DATE

__ TITLE ___

APPROVED