

## SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

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. See space 17 below.)  
AT SURFACE: 1650' FSL, 1730' FEL 10-25-12  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

ABANDON ☐  
(other) Drilling Report

~~SUBSEQUENT REPORT~~


U. S. GEOLOGICAL  
FARMINGTON

5. LEASE  
NM 070322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Carson Unit

**8. FARM OR LEASE NAME**

9. WELL NO.  
205

10. FIELD OR WILDCAT NAME  
Pictured Cliffs - WAW

11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
Section 10, T25N, R12W

12. COUNTY OR PARISH San Juan	13. STATE NM
----------------------------------	-----------------

14. API NO.

15 ELEVATIONS (SHOW DF, KDB, AND WD)  
6233' GLE . 6237' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Spud well 1/26/83. Drill 9-7/8" hole to 88'. Set 7" 23# casing at 88'. Cement with 35 sacks Class B 2% CaCl cement. Cement returns to surface.

DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Walter L. Fisher TITLE Petroleum Engineer DATE 1/27/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

## CONCLUSIONS AND RECOMMENDATIONS

**\*See Instructions on Reverse Side**

EAPM-01-05-2007