DEP/ **GEOLOGICAL SURVEY**

UNITED STATE	25	
ARTMENT OF THE	INTERIOR	

	5 . LEASE
	SF 078056
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
_	
	7. UNIT AGREEMENT NAME
t	Central Bisti Lower Gallup Unit
	8. FARM OR LEASE NAME
	9. WELL NO.
	10. FIELD OR WILDCAT NAME
	Bisti Lower Gallup
 7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Section 7, T25N, 'R12W
	San Juan County NM
	14. API NO.
,	
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6275' GLE
	1 In land

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differenceservoir. Use Form 9–331–C for such proposals.) oil gas well 🖾 other well 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 AT SURFACE: 1650' FNL, 2310' FWL, 7-25-12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT

SEP 2 (GROTE: Report results of multiple completion or zone change on Form 9–330) SHOOT OR ACIDIZE BUREAU OF LAND MANAGEMEN

BUREAU OF LAND MANAGEMEN

BUREAU OF LAND MESOURCE AREA REPAIR WELL PULL OR ALTER CASING FARMINGTON RESOURCE AREA MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) <u>Drilling Progress</u>

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 at 8:00 pm 9/18/83. Drill 12-1/4" hole to 220' KB. Run 201.41' 8-5/8" 24# J-55 8rd surface casing. Install guide shoe on 1st joint and centralizer on top of 1st joint. Casing set at 215.77' KB. Cement surface casing using 135 sacks Class B with 2% CaCl. Cement circulated to surface. Shut well in. WOC. 135 sacks = 159.3 cubic feet.

			Set @	발 (E+
Subsurface Safety Valve: Manu. and Ty	pe	<u> </u>	> sec 700 A	0		_ FL.
18. I hereby certify that the foregoing	s true and correct		م الله المالك الله	È,	·	
SIGNED ISLUMITY CO	Murle Petypleum Enginee	2 YDATE	9/22/83			
	(This space for Federal or State office use	e)		i.		
APPROVED BY	TITLE	DATE			<u>"</u>	
CONDITIONS OF APPROVAL, IF ANY:						
			ANDERTHE FOR	3. (3.7	いいいい	4

*See Instructions on Reverse Side

AUGEPTED FOR RECORD

SEP 3 0 1983