

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-5245	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790' FNL, 790' FEL, Section 21, T25N, R11W BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		8. FARM OR LEASE NAME A. P. Hixon	
14. PERMIT NO.		9. WELL NO. 1-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6452' GLE		10. FIELD AND POOL, OR WILDCAT Basin Dakota/Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 21, T25N, R11W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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)	<input type="checkbox"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" 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.)*

Perforated Dakota zone from 5806' - 5816' (21 holes). Acidized Dakota perforations with 1000 gallons of 15% HCL acid and fraced with 55,800 gallons of slickwater and 50,000# of 20-40 sand.

Set cast iron bridge plug at 5012' KB. Moved up hole to test Lower Gallup zone. Perforated Lower Gallup at 4918' - 4932' (29 holes) and 4898' - 4912' (29 holes). Acidized Gallup perforations with 1000 gallons 15% HCL acid. Fraced Gallup zone with 87,414 gallons of slickwater and 100,000# of 20-40 sand. Hung Lower Gallup on pump to pump test and determine productivity.

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

SIGNED Bruce C. Delventhal TITLE Petroleum Engineer DATE October 17, 1984
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE NOV 05 1984
CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCC