

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 070322	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499		7. UNIT AGREEMENT NAME Carson Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1930' FSL, 1830' FWL, Section 10, T 25N, R 12W		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 208	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6242' GLE		10. FIELD AND POOL, OR WILDCAT WAW Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10, T 25N, R 12W	
		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Program</u>	(Other) <u>XX</u>
(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.)*

Drilled out from under surface with 5-1/4" bit January 14, 1986. Drilled 5-1/4" hole to 1225'. Ran Induction Guard and Compensated Density Dual-Spaced Neutron Logs. Formation tops as follow: Kirtland-131', Fruitland' 628', and Pictured Cliffs-1106'. Ran 1231.60' (39 jts) of 2-7/8", 6.5#, J-55, EUE, 8rd to 1223' GLE. Ran centralizers on top of 1st, 3rd, 5th, 7th, and 9th joint off bottom. Cemented as follows: mixed and pumped 100 sks (206 cu.ft.) Class "B" containing 2% Sodium Metasilicate. Tailed in with 50 sks (59 cu.ft.) Class "B" containing 2% CaCl₂ with 1/4# sk cellophane flakes. Pumped a total of 265 cu.ft. cement. Cleaned lines, dropped plug and displaced plug with 7 bbls of water. Circulated 9 bbls of cement to surface. PBD at 1191.45' GLE. Shut in and WOC cement

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

SIGNED

Petroleum Engineer

DATE January 28, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side