

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. SF 078067	
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 1850' FNL, 1850' FEL, Section 11, T 25N, R 12W		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 209	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6354 6534' GLE		10. FIELD AND POOL, OR WILDCAT WAW Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, 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 Progress</u> <input checked="" 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.)*

Pressure tested BOP and surface casing to 700 psi. Drilled out from under surface casing on 7/20/85 with 5-1/4" hole. Drilled 5-1/4" hole to TD of 1347' GLE. Ran Induction Log and Compensated Density Dual Spaced Neutron Log. Log tops as follows: Ojo Alamo-206', Kirtland Shale-292', Fruitland Shale-654', Fruitland Coal-1182', Pictured Cliffs-1201'.

Received verbal plugging requirements from Jim Lavato with BLM on 7/23/85. Set the following cement plugs on 7/24/85 per BLM requirements. Set 15 sk (17.7 cu.ft.) cement plug from 1250' to 1130' with Class "B" cement. Placed 35 sk (41.3 cu.ft.) Class "B" cement plug from 250' to surface.

Set regulation dry hole marker on 7/29/85.

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

SIGNED <u>Bruce C. Delventhal</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>7/30/85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC

RECEIVED
AUG 07 1985
OIL CON. DIV.
DIST. 3

APPROVED FOR RECORD

AUG 13 1985
M. MILLENBACH
AREA MANAGER