

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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 22045	
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	
4. LOCATION OF WELL (Report location clearly and in accordance with instructions on reverse side. See also space 17 below.) At surface 420' FNL, 1870' FWL, Section 27, T 25N, R 12W		8. FARM OR LEASE NAME Whee Whitney	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6330' GR		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 27, 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:

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Drilling program</u>	

(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 8-5/8" surface casing and BOP to 800 psi for 30 minutes. Drilled out from under surface casing at 7:45 am on 8/21/85. Drilled 7-7/8" hole to TD of 4899' K.B. Ran Induction Log and Compensated Density Dual Spaced Neutron Log. Formation tops as follows: Fruitland-748', Pictured Cliffs-1090', Lewis Shale-1238', Cliffhouse-1512', Menefee-2490', Point Lookout-3530', Mancos-3692', Upper Gallup-4600', Lower Gallup-4690'.

Ran 120 joints (4919.69') of 5-1/2", 15.50#, K-55, 8rd, ST & C production casing. Ran cement nosed guide shoe on bottom & differential fill up collar on top of 1st joint. Placed centralizers on 1st joint, and tops of 3rd, 5th, 7th, 9th, and 11th joints. Mixed and pumped lead cement consisting of 400 sks (1560 cu.ft.) of Class "B" cement containing 3% Sodium Metasilicate and 1/4#/sk cellophane flakes. Tailed in with 200 sks (236 cu.ft.) Class "B" cement containing 2% CaCl₂ and 1/4#/sk cellophane flakes. Dropped plug and displaced with 116 BW. Bumped plug and float collar held. Circulated cement to surface. Casing point at 4893.18' K.B. and PBD at 4849' K.B. Shutdown and WOC. Well awaiting completion.

RECEIVED

SEP 03 1985

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

SIGNED Bruce C. Orlovitch

TITLE Petroleum Engineer

DATE August 28, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCG