

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 ☒ GAS WELL ☐ OTHER

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 and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
2310' FSL, 990' FWL, Section 21, T 25N, R 12W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6290' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 51013

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bob Brewer

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 21, 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"/>		<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) Drilling Progress	<input checked="" type="checkbox"/>		<input checked="" 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.) \*

Spudded well at 11:15 a.m. on February 27, 1986. Drilled 12-1/4" hole to 265' KB. Ran 247.89' 8-5/8", 24#, J-55, 8rd surface casing. Installed guide shoe on first joint and centralizers on tops of first and third joints. Casing set at 261.89' KB. Cemented surface casing using 165 sks (194.70 cu.ft.) Class "3" with 2% CaCl<sub>2</sub>. Circulated 3 bbls cement to surface. Shut in WOC.

RECEIVED  
MAR 07 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED Bruce C. Delventhal TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

DATE MAR 05 1986

FARMINGTON RESOURCE AREA

BY

\*See Instructions on Reverse Side

NMOCC