

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 51014	
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 any State requirements. See also space 17 below.) At surface 2310' FSL, 660' FWL, Section 25, T 25N, R 12W		8. FARM OR LEASE NAME Ray Bridges	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6410' GR		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 25, 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 casing to 600 psi. Drilled out from under surface with 7-7/8" bit on May 24, 1986. Drilled 7-7/8" hole to total depth of 4970'. Ran Induction Guard Log with Gamma Ray and Spectral Density Dual Spaced Neutron Log. Log tops as follow: Pictured Cliffs-1124', Lewis-1312', Cliffhouse-1495', Menefee-2558', Point Lookout-3542', Mancos-3725', Upper Gallup-4634', and Lower Gallup-4714'. Ran 128 joints of 5-1/2", 15.5#, K-55, 8rd, LT & C casing to 4961' K.B. Cemented casing with 400 sks (1576 cu.ft.) of Class "B" cement with 3% Econolite with 1/4#/sk Flocele. Tailed in with 200 sks (236 cu.ft.) of Class "B" cement containing 2% CaCl₂ and 1/4#/sk Flocele. Cleaned lines, dropped plug and displaced plug with 117 bbls water. Circulated cement to surface. Shut well in and WOC. PBD at 4919' K.B. Well waiting on completion.

RECEIVED
JUN 18 1986
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Bruce C. Schwentke</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>June 9, 1986</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>JUN 12 1986</u>
CONDITIONS OF APPROVAL, IF ANY:		

NMOCC

*See Instructions on Reverse Side