

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 25451	
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 2080' FNL, 2310' FEL, Section 26, T 25N, R 12W, NMPM		8. FARM OR LEASE NAME Hunter Foster	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6368' GR		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Drilling Progress	(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 10:00 a.m. on May 29, 1986. Drilled 12-1/4" hole to 337' K.B. Ran 322.89' of 8-5/8", 24#, J-55, 8rd surface casing. Installed guide shoe on 1st joint and centralizers on 1st and 3rd joints. Casing set at 336.89' K.B. Cemented surface casing using 175 sks (206.5 cu.ft.) Class "B" cement containing 2% CaCl₂. Cement circulated to surface. Shut well in and WOC 12 hours.

RECEIVED
JUN 13 1986
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Bruce E. Dehenthal</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>June 5, 1986</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY _____	TITLE _____	DATE <u>JUN 14 1986</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCG