

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"/>		RECEIVED DEC 17 1986 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA 1	5. LEASE DESIGNATION AND SERIAL NO. NM 29005
2. NAME OF OPERATOR Hixon Development Company			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO 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 990' FNL, 1980' FWL Section 31, Township 25North, Range 11West, NMPM			8. FARM OR LEASE NAME Ando Hixon
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6435' GR	9. WELL NO.
			10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T25N, R11W
			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) <u>Drilling Program</u>	<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 5:00 P.M. on November 26, 1986. Drilled 12-1/4" hole to 270' K.B. Ran 249.14' 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 261.14' K.B. Cemented surface casing with 200 sks (236.0 cu.ft.) Class "B" cement containing 2% CaCl₂ and 1/4#/sk. cellophane flakes. Cement circulated to surface. Shut well in and wait on cement for 12 hours.

DEC 19 1986
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD
DEC 17 1986
FARMINGTON RESOURCE AREA
BY E. G. 17

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

SIGNED Bruce C. Dehventhal TITLE Petroleum Engineer DATE December 16, 1986
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side
~~OPERATOR~~ NMOCG