Form 3160-5 (November 1983) (Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other instructions on re- BUREAU OF LAND MANAGEMENT				Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. NM 29005		
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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
OIL GAS OTER				7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR Hixon Development Company				8. FARM OR LEASE M. Ando Hixon	8. FARM OR LEASE NAME Ando Hixon	
P.O. Box 2810, Farmington, New Mexico 87499				9. WELL HO.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				10. FIBLD AND POOL, Bisti Lowe:	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
1980' FNL, 2310' FWL, Section 31, T25N, R11W, NMPM				11. SRC., T., B., M., OR BLE. AND SURVEY OR ARMA		
14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.)				Sec. 31, T2	25N, R11W	
	6424' (San Juan	New Mexic	
16.	Check Appropriate Box To I	ndicate Nature of No	otice, Report, or C	Other Data		
HOT	TCB OF INTENTION TO:			UBNT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	#HOOT	THE TREATMENT ING OR ACIDIEING Drilling I	ALTERING ABANDONMI TOgress of multiple completion letion Report and Log &	CASING X	
to 3 24#, and	ded well at 7:15 p.m. 30' K.B. Ran notched J-55, 8rd, ST&C casi 5th joints. Casing s g 205 sks. (241.90 cu 2. Cement circulated	l collar, seven ing. Ran centra set at 322' K.B. . ft.) of Class	joints (305. alizers on to Cemented s	77') of 8-5/8' op of 1st, 3rd, surface casing	1	
RECEIVED BLM MAIL ROOM 88 APR 26 PH 1:27 FARMINGTON RESOURCE AREA		•	OIL CO	102 1998 N. OIV.)		
8. I hereby certify that the SIGNED Michael (This space for Federal of	. naddennam	TLE Engineering	Manager	DATE April	25, 1988	
APPROVED BY	OVAL, IF ANY:	TLE		DATE		

*See Instructions on Reverse Side