

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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.<br>NM 60337                         |
| 2. NAME OF OPERATOR<br>Hixon Development Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2810, Farmington, New Mexico 87499  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1650' FNL, 2310' FWL, Sec. 30, T25N, R11W | 8. FARM OR LEASE NAME<br>Alexandra Ballard                              |
|  | 9. WELL NO.<br>1  |
|  | 10. FIELD AND POOL, OR WILDCAT<br>Bisti Lower Gallup                    |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 30, T25N, R11W |
| 14. PERMIT NO.   | 12. COUNTY OR PARISH<br>San Juan  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6438' GLE  | 13. STATE<br>N.M.   |

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 PLANT <input type="checkbox"/>         |
| (Other) <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 checked="" type="checkbox"/> | ABANDONMENT* <input 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.)

Acidized perforations (4806' - 4815', 4831' - 4840', 4842' - 4846')  
with 1686 gallons of 15% HCL acid. Returned to production.

RECEIVED  
FURN MAIL ROOM

90 MAR -2 AM 11:16

RECEIVED  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED

MAR 26 1990

OIL CON. DIV.  
DIST. 3

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

SIGNED Bruce E. Delventhal  
Bruce E. Delventhal <sup>MPH</sup>  
(This space for Federal or State office use)

TITLE Petroleum Engineer

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE SUPERVISOR DISTRICT # 3

Accepted For Record March 1, 1990

MAR 20 1990

DATE MAR 26 1990

Chief, Branch of  
Mineral Resources  
Farmington Resource Area

\*See Instructions on Reverse Side