

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 58890	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 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.* See also space 17 below.) At surface 990' FNL, 1750' FWL, Sec. 31, T25N, R10W		8. FARM OR LEASE NAME Famous Amos	
API #30-045-27356		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6705' GLE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T25N, R10W	
		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"/>	

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>Workover</u>	<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.)*

This well's Pictured Cliffs interval (1493' - 1498') was squeezed off as follows: Mixed and pumped 50 sks. (59 cu. ft.) of Class "B" cement with 2% CaCl₂. Pumped an additional 50 sks. (59 cu. ft.) of Class "B" cement with 2% CaCl₂. Pressure tested to 3000 psi for 15 minutes; test ok.

The Fruitland Coal interval (1474' - 1490') was perforated. Fraced well with 36,271# 12/20 Arizona sand and 13,206 gallons gel.

RECEIVED

MAY 16 1990

OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

MAY 10 1990

FARMINGTON RESOURCE AREA

BY W

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

SIGNED Aldrich L. Kuchera TITLE President
(This space for Federal or State office use)

DATE APR 30 1990

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side