

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-27609
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-0119
7. Lease Name or Unit Agreement Name Bisti Coal 36
8. Well No. 2
9. Pool name or Wildcat Basin Fruitland Coal
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6360' GLE

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Hixon Development Company
3. Address of Operator P.O. Box 2810, Farmington, New Mexico 87499
4. Well Location Unit Letter M : 790 Feet From The South Line and 790 Feet From The West Line Section 36 Township 25N Range 12W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6360' GLE

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Operator Name Change <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Effective July 1, 1990, Hixon Development Company
changed their corporate name to Giant Exploration &
Production Company.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Aldrich L. Kuchera TITLE President DATE JUL 13 1990
TYPE OR PRINT NAME Aldrich L. Kuchera TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: