

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0415
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 070322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Hixon Development Company

3. ADDRESS OF OPERATOR
P.O. Box 2810, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1610' FSL, 1560' FWL, Sec. 15, T25N, R12W

API #30-045-27662

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6250' GLE

7. UNIT AGREEMENT NAME

Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.

323-15

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., S., M., OR BLK. AND
SURVEY OR AREA

Sec. 15, T25N, R12W

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Name Change

(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.)*

It is proposed to re-name the subject well from the Carson
Unit Well No. 323-15 to the Carson Unit 15 Well No. 323.

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

SIGNED

Aldrich L. Kuchera

TITLE President

DATE JUN 15 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

JUN 20 1990

*See Instructions on Reverse Side