

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0135
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 | | 7. UNIT AGREEMENT NAME Carson Unit |
| 2. NAME OF OPERATOR Hixon Development Company GIANT Expl. & PROD CO. | | 8. FARM OR LEASE NAME Carson Unit |
| 3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499 | | 9. WELL NO. 324-17 324-17 II 17 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL, 1850' FWL, Sec. 17, T25N, R11W, NMPM | | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T25N, R11W |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6422' GLE | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE NM |

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Operator Name Change <input checked="" 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.)*

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

RECEIVED
SEP 11 1990
OIL CON. DIV
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED Aldrich L. Kuchera TITLE President DATE JUL 13 1990
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

SEP 06 1990

FARMINGTON RESOURCE AREA

BY 6014

*See Instructions on Reverse Side