Budget Bureau No. 1004-0135 Ferm 3160-5 UNITED STATES

DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE

(Other instructions on reverse side) Expires August 31, 1985 (November 1983) (Formerly 9-331) 5. LEASE DESIGNATION AND SERIAL NO SF 078064 BUREAU OF LAND MANAGEMENT 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.) 7. UNIT AGREEMENT NAME WELL X OTHER Carson Unit 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Hixon Development Company 3. ADDRESS OF OPERATOR 8. WELL NO. P.O. Box 2810, Farmington, New Mexico 87499 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 33-13 10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup 1980' FSL, 1980' FEL, Section 13, T25N, R12W 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 13, T25N, R12W 15. ELEVATIONS (Show whether DF, RT, GR. etc.) 14. PERMIT NO 12. COUNTY OR PARISH 13. STATE 64041 6395 GL San Juan N.M. 16 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING TEST WATER SHUT-OFF WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING

(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.) *

(Other) Response to BLM letter dated 6-9-89

Please refer to your letter dated August 15, 1989 and our response, dated September 14, 1988, to the aforementioned letter. It is our intent to utilize this well in the ultimate recovery of this Unit's reserves.

REPAIR WELL

(Other)

THIS APPROVAL EXPIRES SEP 16 18. I hereby certify that the foregoing is true and correct Bruce E. elvent tal TITLE Petroleum Engineer _Delventhal (This space for Federal or State office use) MART 2 1990 APPROVED BY CONDITIONS OF APPROVAL, IF ANY: OR AREA MANAGER FARMINGTON RESOURCE AREA *See Instructions on Reverse Side