

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
SF 078063

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
1745' FNL, 1785' FEL, Sec. 19, T25N, R11W

API #30-045-27668

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6443' GLE
12. COUNTY OR PARISH San Juan
13. STATE New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(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. 332-19 to the Carson Unit 19 Well No. 332.

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

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

TITLE President

DATE

JUN 15 1990

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 2 1990

*See Instructions on Reverse Side