SIGNED Aldrich L. Ku (This space for Federal or State	ichera	resident	ACCEPTED FOR RECORD
	P:	resident	
18. I hereby certify that the foregoing	ng is/true and correct		
0			
	•,	DIST. 3	
	•	OIL CON. DIV.	
	Ľ	SEP2 4 1990	
		PROCESOE	
	F	M P in Mana	Life J.
	•		
	their corporate name to ion Company.	o Grant Exploration	α
	re July 1, 1990, Hixo	~ -	•
nent to this work.) •	The same of the sa	strong and ineasured and true ver	titus deptus for all markers and zones perti-
(Other) 17. DESCRIBE PROPOSED OR COMPLETE Droposed work. If well is di	OPERATIONS (Clearly state all pertine rectionally drilled give subsurface loss	Completion or Recor	mpletion Report and Log form.) ies, including estimated date of starting any tical depths for all markers and zones perti
REPAIR WELL	CHANGE PLANS	(Other) Operato	r Name Change X
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON®	FRACTUBE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
Check	Appropriate Box To Indicate I		r Other Data EQUENT REPORT OF:
16. Charles	6443 GLE		San Juan NM
14. PERMIT NO.	15. ELEVATIONS (Show whether D		Sec. 19, T25N, R11W 12. COUNTY OR PARISH 13. STATE
			SURVEY OR ARMA
At surface	FEL, Sec. 19, T25N, R11	W. NMPM	Basin Fruitland Coal 11. SEC., T., E., M., OR BLE. AND
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.)			332-19 10. FIELD AND POOL, OR WILDCAT
Hixon Development 3. ADDRESS OF OPERATOR			9. WBLL NO.
2. NAME OF OPERATOR	C		8. FARM OR LEASE NAME
OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME Carson Unit //
	proposals to drill or to deepen or plug PLICATION FOR PERMIT—" for such		
	REAU OF LAND MANAGEMEN IOTICES AND REPORTS		SF 078063 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	RTMENT OF THE INTER	RIOR (Other Instructions on verse side)	re Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO
Ferm 3160-5	UNITED STATES	SUBMIT IN TRIPLICAT	Budget Bureau No. 1004-0135

*See Instructions on Reverse Side

THE K.

APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY:

SEP 0 6 1990