

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. SF 078064
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Hixon Development Company		7. UNIT AGREEMENT NAME Carson Unit
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, N.M. 87499		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL, 1850' FEL, Sec. 24, T25N, R12W, NMPM		9. WELL NO. 332-24
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6448' GLE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T25N, R12W
		12. COUNTY OR PARISH San Juan 13. STATE N.M.

16. **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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Amended APD</u>	
(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.)*

Please accept this sundry as an amendment to the Application for Permit to Drill for the above referenced well.

Production casing will be 4-1/2", 9.5#, J-55, ST&C, Range 3, Smls.

Attached are an amended Pressure Control Equipment Schmematic and Drilling Rig Location Plat.

RECEIVED
APR 12 1990
OIL CON. DIV.
DIST. 3

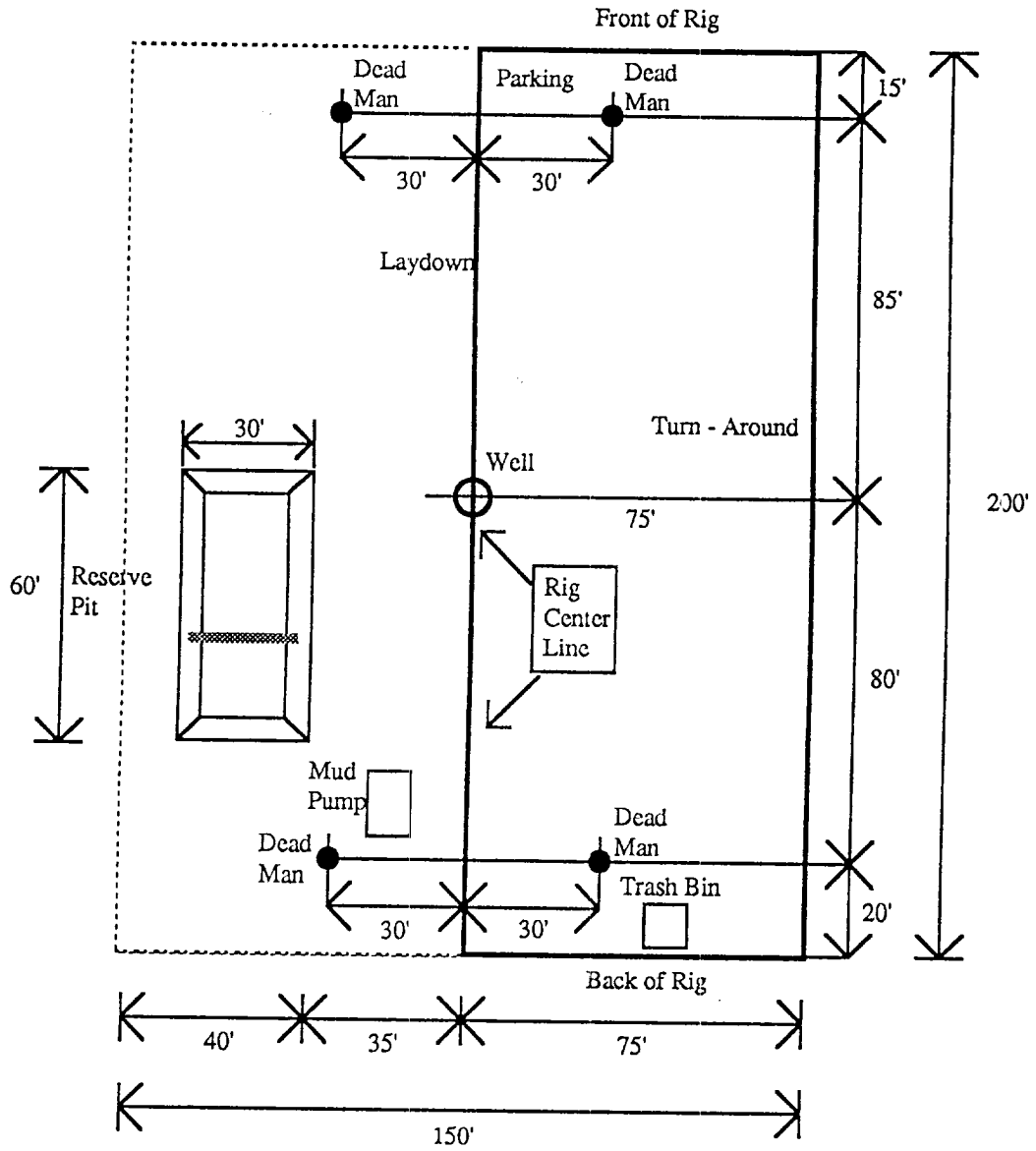
18. I hereby certify that the foregoing is true and correct
 SIGNED Aldrich L. Kuchera TITLE President
 (This space for Federal or State office use)

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

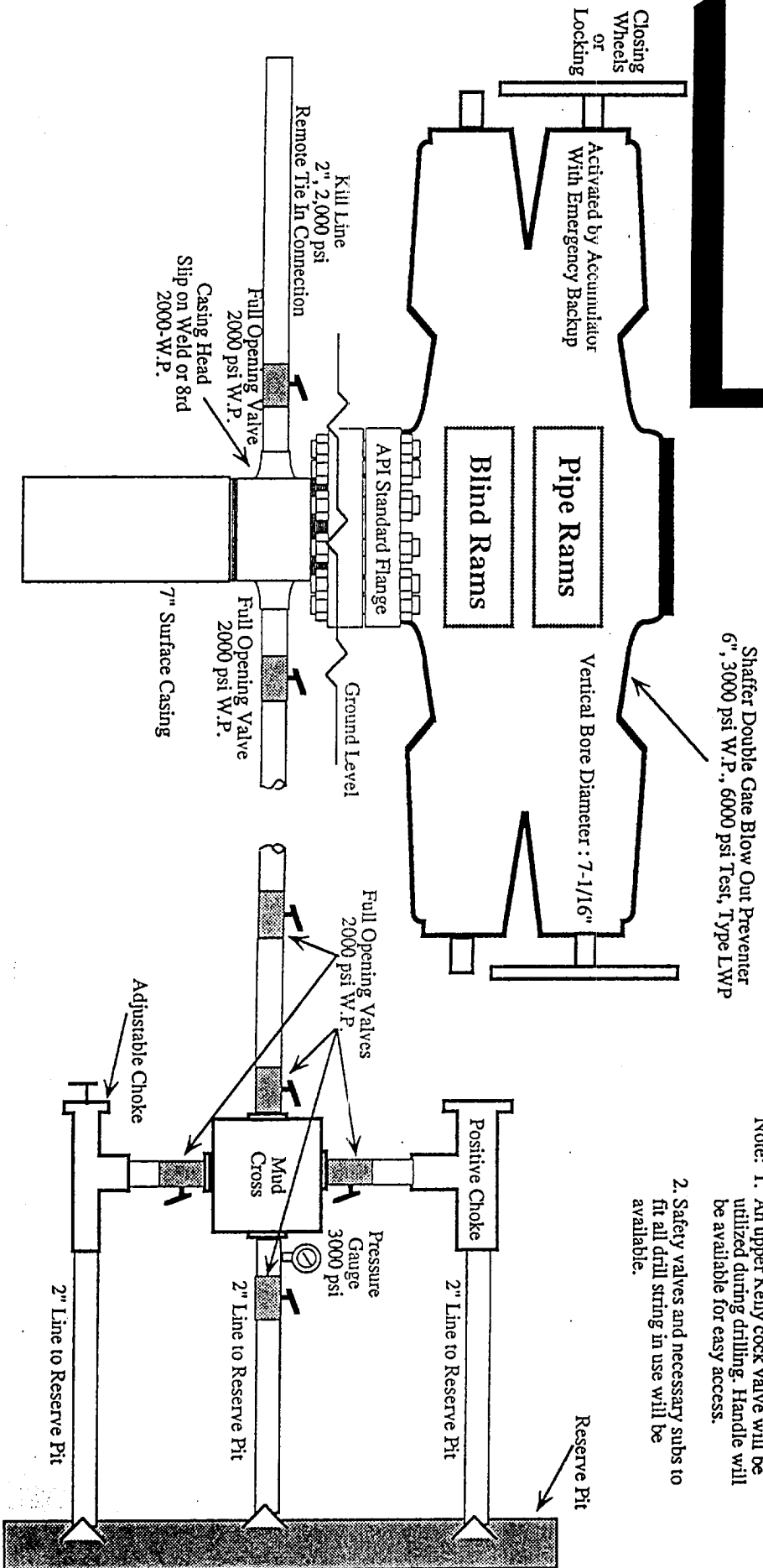
APPROVED	
DATE	MAR 23 1990
DATE	APR 09 1990
FOR AREA MANAGER FARMINGTON RESOURCE AREA	

NMOCD
*See Instructions on Reverse Side

Hixon Development Company Drilling Rig Location Plat



**Hixon Development Company
Pressure Control Equipment**



- Note: 1. An upper Kelly cock valve will be utilized during drilling. Handle will be available for easy access.
2. Safety valves and necessary subs to fit all drill string in use will be available.