

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 078062-A

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

East Bisti Coal 8

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 8, T25N, R11W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1. OIL ☐ GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

Hixon Development Company

3. ADDRESS OF OPERATOR

P.O. Box 2810, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

795' FNL, 1230' FEL, Sec. 8, T25N, R11W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6318' GLE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Amended APD ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

X

(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 Schematic
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

MAR 23 1990

DATE

DATE

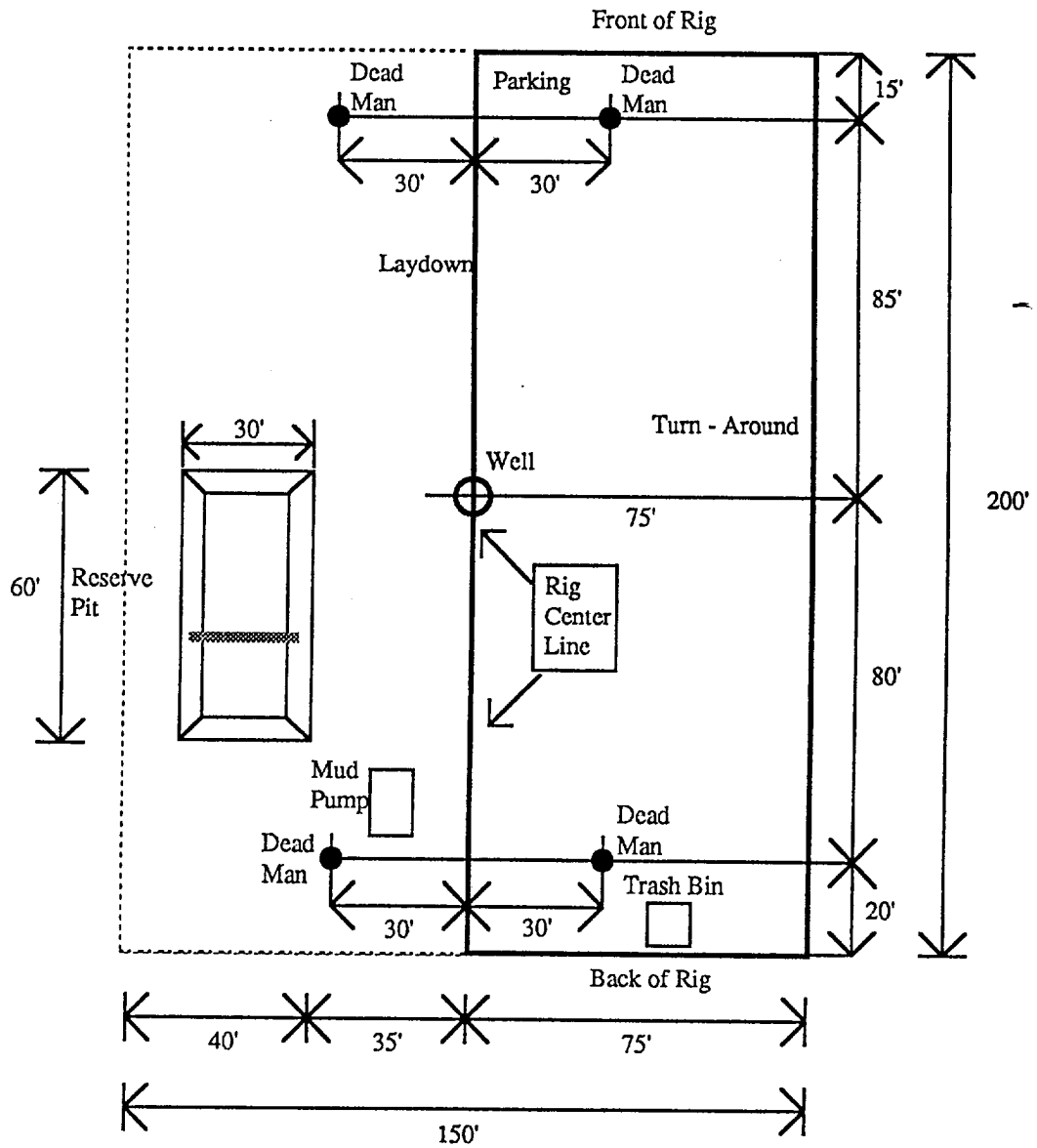
APR 02 1990

Kan Townsend

FOR AREA MANAGER
FARMINGTON REGIONAL OFFICE

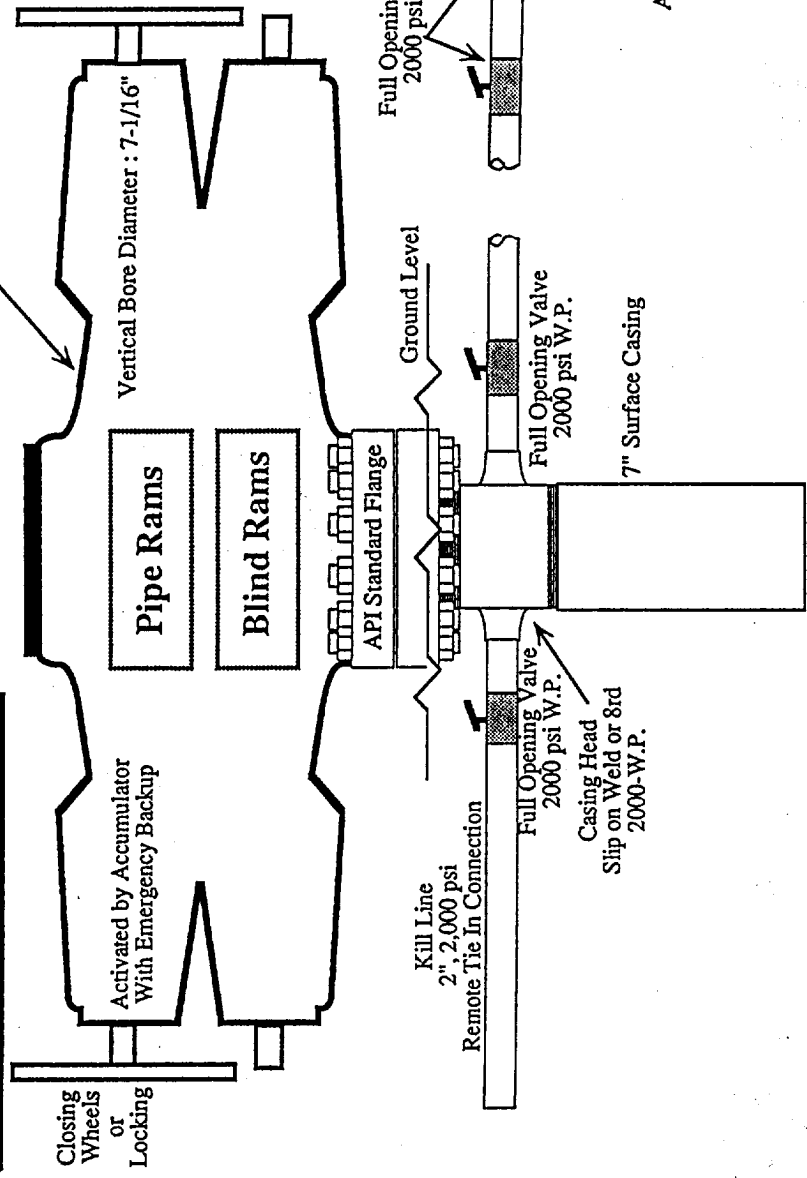
*See Instructions on Reverse Side

Hixon Development Company Drilling Rig Location Plat



Hixon Development Company Pressure Control Equipment

Shaffer Double Gate Blow Out Preventer
6", 3000 psi W.P., 6000 psi Test, Type LWP



- 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.