

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 1050' FNL, 1730' FEL, Sec. 16, T25N, R11W	5. LEASE DESIGNATION AND SERIAL NO. NM 036253	6. INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME East Bisti Coal 16	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. 16, T25N, R11W	12. COUNTY OR PARISH San Juan	13. STATE N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6411' GLE											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Amended APD	

(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

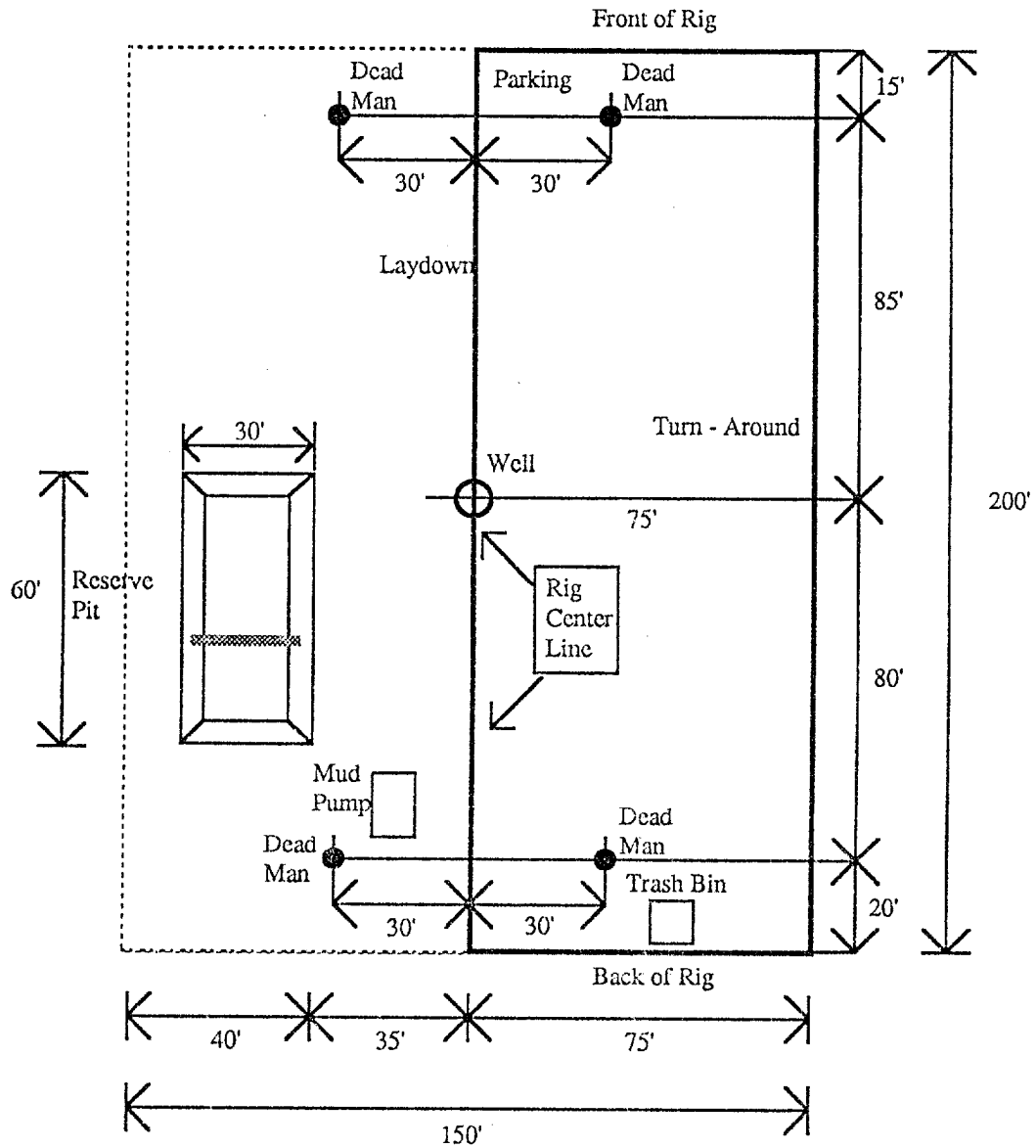
DATE MAR 23 1990

APR 09 1990

DATE APR 09 1990  
For KEP TOWNSEND  
AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

# Hixon Development Company Drilling Rig Location Plat



# Hixon Development Company Pressure Control Equipment

