

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1007-0133
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.)

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-321 *Allosted*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ka Da Pah

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ka Da Pah

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
NIPP-PC *WAW FRT.*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T25N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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
1850' FSL, 790' FWL, Section 4, T25N, R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
50
61~~22~~⁵⁰' GL

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"/> | |

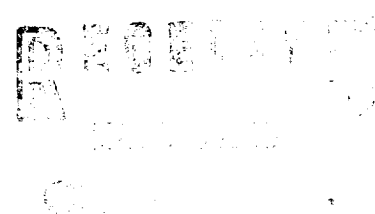
SUBSEQUENT REPORT OF:

| | |
|---|--|
| 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 checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (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.)*

Acidized perforations (1063'-1067', 1080'-1086', and 1140'-1146') with 500 gallons 15% HCL acid. Returned to production.



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

SIGNED Bruce C. Delventhal TITLE Petroleum Engineer
Bruce E. Delventhal
(This space for Federal or State office use)

DATE May 18, 1989
ACCEPTED FOR RECORD

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

DATE MAY 25 1989

FARMINGTON RESOURCE AREA
BY SMM

*See Instructions on Reverse Side