

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
CBU TRACT #10 B 11370  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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		7. UNIT AGREEMENT NAME CENTRAL BISTI UNIT
2. NAME OF OPERATOR HIXON DEVELOPMENT COMPANY		8. FARM OR LEASE NAME CBU TRACT 10
3. ADDRESS OF OPERATOR 510 BANK OF THE SOUTHWEST BLDG., AMARILLO, TEXAS 79109		9. WELL NO. <del>6120</del> 66
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  330' FR SL & 330' FWL SEC 32 T26N R12W		10. FIELD AND POOL, OR WILDCAT BISTI LOWER GALLUP
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32 T26N R12W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6156 DF		12. COUNTY OR PARISH SAN JUAN
		13. STATE NEW MEXICO

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

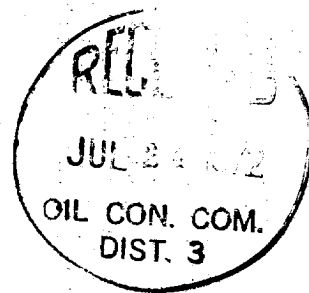
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>CONVERT TO OIL PRODUCER</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.)\*

THIS WELL HAS BEEN CONVERTED TO OIL PRODUCTION BY CONNECTING TO FLOW LINE TO MAIN BATTERY.

THE WELL WAS TESTED FOR 45 DAYS FLOWING 15 BOPD AND 5 BWP. 1/4" CK. FTP = 50 PSI.

WE DO NOT PROPOSE A CHANGE IN WELL NAME OR NUMBER.



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

SIGNED

*[Signature]*

TITLE EARTH SCIENCES CO. - AGENT

DATE 7-21-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side