

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil well <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>
2. NAME OF OPERATOR Hixon Development Company
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL, 660' FWL, 31-26-12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Pump test well

SUBSEQUENT REPORT OF:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

RECEIVED

NOV 16 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Per our sundry dated 11/15/82 we requested and received approval to convert this well to Lower Gallup sand water injection. This conversion work commenced 9/13/83. Swab testing of the Lower Gallup perforations 4895'-4900', 4906'-17', 4932'-38', 4942'-48', 4954'-60' and 4836'-70' showed this well to have commercial oil producing potential. Because this is a Unit boundary well we intend to pump test this well before converting it to water injection.

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Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED [Signature] Petroleum Engineer DATE 11/15/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

NOV 17 1983

FARMINGTON RESOURCE AREA

NMOCC

BY [Signature]

*See Instructions on Reverse Side