| Form |      |
|------|------|
| May. | 1966 |

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

## UNITED STATES Other instructions on reDEPARTMENT OF THE INTERIOR (Other instructions on reverse side) UNITED STATES

5. LEASE DESIGNATI AND SERIAL NO. SF 078056

REPAIRING WELL

ALTERING CASING

| • | • | , , | -  |    | • | _  | • |    | • | • | _  | •  | •  | ٠  | •  |   | ٠ | • | _ |
|---|---|-----|----|----|---|----|---|----|---|---|----|----|----|----|----|---|---|---|---|
|   |   | G   | EC | ΣL | 0 | G١ | C | ΑL |   | S | iU | ıF | ۲) | /1 | Ξ٦ | Y |   |   |   |

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

| GLULU | CICAL | - JOILVE!   |      |
|-------|-------|-------------|------|
|       |       | <del></del> | <br> |
|       |       |             | <br> |

|  | OTICES AND REPORTS ON WELLS roposals to drill or to deepen or plug back to a different reservoir. LICATION FOR PERMIT—" for such proposals.) | 6. IF INDIAN, ALLETTE      | E OR TRIBE NAME |
|--|--|----------------------------|-----------------|
| 1.   |  | 7. UNIT AGREEMENT NA       | ME              |
| WE'L GAS OTHE  | R  | Central Bisti              | Lower Gallu     |
| 2. NAME OF OPERATOR  |  | 8. FARM OR LEASE NAM       | Uni             |
| Hixon Developm   | ert Company  |                            |                 |
| 3. ADDRESS OF OPERATOR   |  | 9. WELL NO.                | <del></del>     |
| P.O. Box 2810,   | Farmington, New Mexico 87401   | 81                         |                 |
| <ol> <li>LOCATION OF WELL (Report locations)</li> <li>See also space 17 below.)</li> </ol> | on clearly and in accordance with any State requirements.  | 10. FIELD AND POOL, O      | R WILDCAT       |
| At surface   |  | Bisti Lower G              | allup           |
|  | 7.75A  | 11. SEC., T., R., M., OR F | LK. AND         |
| 660' FSL, 1980   | ' FWL, Section 31, T26N, R12W  | SURVEY OR AREA             |                 |
|  | 6. D 120 000 000 000 000 000 000 000 000 000   | Section 31, I              | 26N, R12W       |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RC. GR. etc.) O 1, 11 A.  | 12. COUNTY OR PARISH       | 13. STATE       |
|  | 6162' GLE  | San Juan                   | New Mexico      |
|  | Appropriate Box To Indicate Nature of Notice, Report, or C   | Other Data                 |                 |

(Other) Spudding and Surface Casing REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OFERATIONS (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.)\*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Spud well at 4:05 pm 4/12/82. Drilled 12-1/4" hole to 220'. Run 204.06' 8-5/8" 24# K-55 8rd surface casing. Casing was run with cement guide shoe on bottom and 2 centralizers on top of 1st and 3rd joints. Casing set at 218.65' KBE. Cement surface casing using 225 sacks Class B cement with 2% CaCl and 1/4#/sack Flocele. Cement circulated to surface. Shut will in. WOC 12 hours. Pressure test BOP and casing to 600 psi for 30 minutes. Held okay.

| 8. I hereby certify that the foregoing is true and corr | Petroleum Engineer | DATE 4/13/82        |
|---|--------------------|---------------------|
| (This space for Federal or State office use)            |                    | pro000              |
| APPROVED BY   | TITLE              | ACUERALO FOR RECORD |

APR 15 1982

\*See Instructions on Reverse Side

FARMINGTON Visitable