

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 gas ☒ well other ☐
2. NAME OF OPERATOR  
Bixco, Inc.
3. ADDRESS OF OPERATOR  
P.O. Box 20864, Phoenix, AZ 85036
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790 FNL, 920 FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

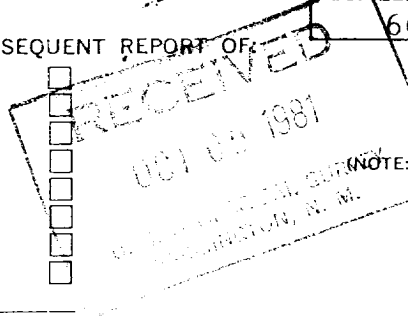
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Change of Operator

SUBSEQUENT REPORT OF:

- ☐  
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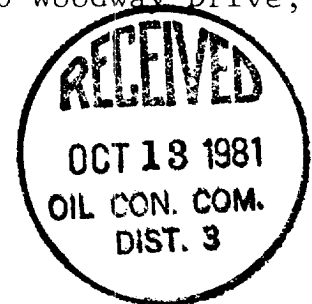


5. LEASE  
NM-33054
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A
7. UNIT AGREEMENT NAME  
N/A
8. FARM OR LEASE NAME  
Trail Canyon
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Blanco Mesaverde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
S8, T32N-R8W, N.M.P.M.
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.  
30-045-23589
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6639 Gr., 6651 est. K.B.

(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.)\*

The operator of this well has been changed from Bixco, Inc. to Oxoco Production Corp., 600 Woodway Tower, 4900 Woodway Drive, Houston, TX 77056.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm R. Speer TITLE Agent DATE October 8, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: