Dec. 19/3				1		Juget Bureau 140. 42-11424
	U	INITED STA	ATES		5. LEASE	
	DEPARTM	ENT OF TI	HE INTERIOR	1	NM-33053	
	GEO	LOGICAL S	URVEY	1	6. IF INDIAN, ALLOT	TEE OR TRIBE NAME
drozodiona oom ar					N/A	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different					7. UNIT AGREEMENT	NAME
					N/A	
reservoir. Use Fo	rm 9-331-C for	such proposals	8. FARM OR LEASE N	IAME		
1. oil	gas छ				Trail Canyo	n
well well dother					9. WELL NO.	
2. NAME OF	OPERATOR		3			
Bixco,	Inc.		10. FIELD OR WILDCA	T NAME		
	OF OPERATO	OR	Blanco MV -	Basin DK		
P.O. B	30x 255	Farming		R BLK. AND SURVEY OR		
P.O. Box 255, Farmington, NM 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17					AREA	
below.) AT SURFACE: 2050 FSL, 430 FEL						<u>-R8W, N.M.P.M.</u>
AT SURFA		,	12. COUNTY OR PARI	SH 13. STATE		
AT TOP F	PROD. INTFR	VAL:		New Meixco		
			14. API NO.			
16. CHECK A			30-045-246			
REPORT,	OR OTHER I	JATA	1	OW DF, KDB, AND WD)		
RECLIEST FOR	R APPROVAL	TO: 5	ÜBSEOUENT REP	ORT OF	6695 Gr.	<del></del>
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF						
FRACTURE TREAT						
SHOOT OR A				· · · · · · · · · · · · · · · · · · ·		
REPAIR WELL			<u>,</u>		(NOTE: Report results o	f multiple completion or zone
PULL OR ALT		님			Change on Form	1 9–330.)
MULTIPLE CO		H	<b>⊢</b>	10 m		
ABANDON*		Ĭ		Andrew State Commencer and the	urum.	
(other) Ch	ange of	Operato	r	American State of the State of	to a fi	
	-	_		·		

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.

		of Samuel Control of the Control of
		03736
Subsurface Safety Valve: Manu. a	nd Type	OIL CONTROL FIL
18. I hereby certify that the foreg	oing is true and correct	
SIGNED // MY . SOE	TITLE Agent	DATE October 8, 1981
	(This space for Federal or Sta	ate office use)
APPROVED BYCONDITIONS OF APPROVAL, IF ANY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY		

\*See Instructions on Reverse Side

Eine