

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 06855
2. NAME OF OPERATOR Hixon Development Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL, 930' FWL, Section 34, T25N, R3W, NMPM	8. FARM OR LEASE NAME Bill Geiger
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup/Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T25N, R3W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7195' GLE	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)\*

Acidized perforations (6880'-7010', 7052'-7182', 7820'-7836', 7966'-7986') with 2,000 gallons 15% HCL acid. This well was returned to pump.

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

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer  
Bruce E. Delventhal  
(This space for Federal or State office use)

DATE April 11, 1989  
ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_ DATE 25 1989

NMOC

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

SMH