

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 23043	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 2810, Farmington, N.M. 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 2310' FNL, 2310' FEL, Sec. 35, T25N, R3W		8. FARM OR LEASE NAME Tesia Kuchera	
API # 30-039-24614		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT West Lindrith/Gallup	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7130' GLE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T25N, R3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Amended Drilling Progress <input checked="" 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.)\*

Spudded surface at 7:00 p.m. on February 3, 1990. Drilled 12-1/4" hole to 365'. Ran 8 jts. (342.18') of 9-5/8", 36#, K-55, ST&C casing. Casing set at 357' KB. Mixed and pumped 205 sks. (242 cu. ft.) of Class "B" cement containing 2% CaCl and 1/4#/sk. Flocele. Cement circulated to surface. Pressure tested casing to 1000 psi for 30 min. Test OK.

RECEIVED

MAR 26 1990

OIL CON. DIV

DIST. 3

Accepted For Record

MAR 19 1990

Chief, Branch of  
Mineral Resources  
Farmington Resource Area

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

SIGNED Bruce E. Delventhal  
Bruce E. Delventhal MPM

TITLE Petroleum Engineer

DATE March 7, 1990

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side