

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection   | 5. LEASE DESIGNATION AND SERIAL NO.<br>14-20-603-1285                   |
| 2. NAME OF OPERATOR<br>Hixon Development Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><i>Allotted</i>                 |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2810, Farmington, New Mexico 87499  | 7. UNIT AGREEMENT NAME<br>Carson Unit                                   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FSL, 1930' FWL, Section 18, T25N, R11W | 8. FARM OR LEASE NAME<br><i>Carson Unit 18 # 24</i>                     |
| 14. PERMIT NO.   | 9. WELL NO.<br>WIW 24-18  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6408.9' KB   | 10. FIELD AND POOL, OR WILDCAT<br>Bisti Lower Gallup                    |
|  | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA<br>Sec. 18, T25N, R11W |
|  | 12. COUNTY OR PARISH<br>San Juan  |
|  | 13. STATE<br>N.M.   |

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 type="checkbox"/>                                  | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input checked="" type="checkbox"/> Response to BLM letter dated 6-9-89 |  |

(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.) \*

This water injection well will be utilized, as needed, in the ultimate recovery of reserves from this unit.

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

SIGNED Bruce E. Delventhal  
Bruce E. Delventhal

TITLE Petroleum Engineer

DATE JUL 18 1989

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side