

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-323

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hixon Development Company		8. FARM OR LEASE NAME CBU	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87401		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit C, 1980' FSL, 660' FEL, Section 5, T25N, R12W		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 5, T25N, R12W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6167' DF	12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Return well to production

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

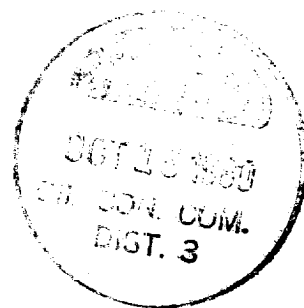
ABANDONMENT*

(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.)*

It is planned to return the subject shut in well to pump as follows:

- (1) Clean out to PBD
- (2) Acidize with 2000 gallons 15% acid
- (3) Hang on pump.



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

SIGNED

Petroleum Engineer

DATE 10/7/80

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED
DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OCT 10 1980
James F. Sims
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR