UNITED STATES

PARTMENT OF THE INTERIOR

5. LEAST		
211 15444		

GEOLOGICAL CLASSICY	ALLOTTE OR TRIBE NAME		
	VOLECMENT NAME		
SUMPLY NOTICES AND REPORTS OF VIELES	A TO A COLUMN CARACTERIZATION CO		
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
	Hixon Federal		
1. oil gas X other	9. WELL NO.		
2. NAME OF OPERATOR	2 10. FIELD OR WILDCAT NAME		
Hixon Development Company	Pictured Cliffs		
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OF		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
helow.)	Section 4, T25N, R12W		
AT SURFACE: 870' FNL, 1450' FEL, 4-25N-12W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan NM		
AT TOTAL DEPTH:	14. API NO.		
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6160' GLE .		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF CACTURE TREAT	VED		
SHOOT OP ACIDIZE			
REPAIR WELL APR 27	196) Change on Form 9-330.)		
ALLITIBLE COMPLETE			
SULANOE ZONES D U.S. GEOLOGICA	L SURVEY		
ABANDON*	N. M		
(other) Change Well Name			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	e all pertinent details, and give pertinent dates lirectionally drilled, give subsurface locations and to this work.)*		
To comply with State regulations pleas	e change the subject		
well name to HIXON FEDERAL WELL NO. 1J			
Well hame to minor replication when the			
	PAPE		
n i i i i i i i i i i i i i i i i i i i			
OIL CO			
DIS:			
Subsurface Safety Valve: Manu. and Type	Set @ F		
18. I hereby certify that the foregoing is true and correct			
18. I hereby certify that the foregoing is the and correct (A) A A A A CO A CO A Petroleum En	agineer 4/26/83		
(This space for Federal or State of			
APPROVED BY	DATE		
CONDITIONS OF APPROVAL, IF ANY:			
	AGULPILU POR RECORD		
*See Instructions on Reverse	Side		

MAY 03 1983

FARMINGTON DISTRICT