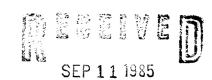
Form 3160-5	UNITED STATE	S SUBMIT IN TRIPLICAT	Form approved. Budget Bureau	No. 1004-0135	
(November 1983) (Formerly 9-331)	DEPARTMENT OF THE BUREAU OF LAND MANA	INTERIOR (Other Instructions on	Expires August  5. LEASE DESIGNATION NOO-C-14-2	AND SERIAL NO.	
SUI	NDRY NOTICES AND REP	6. IF INDIAN, ALLOTTEE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	is form for proposals to drill or to deeper Use "APPLICATION FOR PERMIT—"	Navajo All	Navajo Allotted		
1. OIL X GAS WELL	OTHER	TUED	7. UNIT AGREEMENT NA	M.E.	
2. NAME OF OPERATOR			8. FARM OR LEASE NAM	8. FARM OR LEASE NAME	
<del>-</del> ,	Development Company	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	Joseph M.	Hixon	
3. ADDRESS OF OPERAT	OR.	9. WELL NO.	9. WELL NO.		
P.O. Bo	x 2810, Farmington, NM	1	1		
4. LOCATION OF WELL See also space 17 be	(Report location clearly and in accordance clow.)	10. FIELD AND POOL, OF	10. FIELD AND POOL, OR WILDCAT		
At surface	,	Bisti Lowe	Bisti Lower Gallup		
660' FS	SL, 1980' FWL, Section 22	11. SEC., T., R., M., OR B BURVEY OR AREA	11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA		
			Section 22	, T 25N, R 12W	
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
	6338' GR		San Juan	New Mexico	
16.	Check Appropriate Box To Ir	ndicate Nature of Notice, Report, o	r Other Data		
NOTICE OF INTENTION TO:			EQUANT REPORT OF:		
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	FELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	RING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	(T*	
REPAIR WELL	CHANGE PLANS	(Other) Name Cha	ange		

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.) \*

(Other)

This sundry is to change the name of the Joseph M. Hixon Well No. 1 to the Joe Hixon Well No. 1  $\,$ 



(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

OIL CON. DIV. DIST. 3

			i <b>n a</b> a ma
18. I hereby certify that the foregoing is true and SIGNED	TITLE	Petroleum Geologist	ACCEPTED FOR RECORD  DATE June 21, 1985
(This space for Federal or State office uses			SEP 09 1985
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DAFARMINGTON RESOURCE AREA
			BY.

\*See Instructions on Reverse Side