Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Callin

Form C-103 Revised 1-1-89

le d'allo
WELL API NO.
WELL API NO. 30-045-27556

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 200	088	WELL API NO.		
DISTRICT II	Santa Fe, New Mexico		30-045-27556		
P.O. Drawer DD, Artesia, NM 88210	balla 10, 1104 Michies		5. Indicate Type of Lease STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. V-2260		
SUNDRY NOTI	CES AND REPORTS ON WE	LLS			
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
I. Type of Well: OIL OAS WELL X	DEC	HAR	Bisti Coal 36		
2. Name of Operator	uu IIIN2	8 1990	8. Well No.		
Hixon Development Compa			1		
3. Address of Operator	con, N.M. 8749	DN. DIV	9. Pool name or Wildcat		
P.O. Box 2810, Farmingt	on, N.M. 8/49	ST. ?	Basin Fruitland Coal		
1	Feet From The North		O Feet From The East Line		
Section 36	Township 25N Ra	inge 12W M	NMPM San Juan County		
	10. Elevation (Show whether 6401 GL	DF, RKB, KT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER: Amended	Drilling Progress X		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.					
Spudded surface at 1:30 p.m. on January 13, 1990. Drilled 8-3/4" hole to 127'. Ran 3 jts. (124.13') of 7", 23#, K-55, 8rd, LT&C casing. Casing set at 125.13'. Mixed and pumped 60 sks. (70.8 cu. ft.) Class "B" cement containing 2% CaCl ₂ and 1/4#/sk. cellophane flakes. Cement circulated to surface. Pressure tested casing to 600 psi for 30 minutes; test ok.					
I hereby certify that the information above is true signature John C. Corbett TYPE OR FRINT NAME	. 1		TELEPIONE NO.		
(This space for State Use)					
ATTROVED BY Original Signed by FRANK T. CHAVEZ					
CONDITIONS OF A DEPOYAL IF ANY					