

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR  
Bixco, Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 255, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990 ft. fnl, 1650 ft. fwl  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same

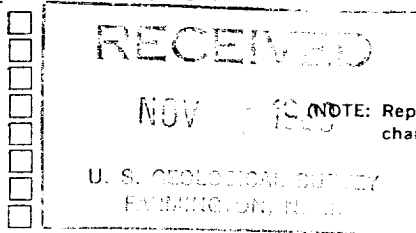
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Attempt Completion

## SUBSEQUENT REPORT OF:



5. LEASE  
NM-33035

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
Campbell

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
S.9, T27N-R13W, N.M.P.M.

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.  
30-045-24599

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5957 Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Operator proposes to rig up swabbing unit, run cement bond log and gamma-ray correlation log and perforate Pictured Cliffs formation from 1367-1373 ft. with 2 jet shots per foot. Well will then be swabbed in with lubricator and tested for gas flow. If weak or no-flow of gas, will acidize with 500 gals. of 15% HCl acid, swab back and re-test. If commercially productive 1½", 2.4#, J-55, 10rnd EUE tubing will be run to base of perms; tubing head and necessary well-head equipment installed and well shut in pending further testing and pipeline connection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. P. Steer TITLE Agent DATE November 5, 1980

(This space for Federal or State office use)

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