UNITED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 33055
GEOLOGICAL SURVEY	6. IF INDIAN, ALI OTTEL 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 Form 9–331—C for such proposals.)	7. UNIT AGREEMENT NAME
1 -11	8. FARM OR LEASE NAME Trail Canyon 2 2 4
2. NAME OF OPERATOR	9. WELL NO. 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Bixco, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 255, Farmington, NM 87401	Blanco MV-Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 18-32N-8W
AT SURFACE: 1560 - 1N & 830 - 1E AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE San Juan NM
AT TOTAL DEPTH: Same	14. API NO. = = = = = = = = = = = = = = = = = = =
16. 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:	6720 GLLT 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
TEST WATER SHUT-OFF	The second of th
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	Posts state of the control of the co
ABANDON* [
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dis	e all pertinent details, and give pertinent dates
measured and true vertical depths for all markers and zones pertinent	t to this work.)* 기교
Well was drilled to 7597', where a gas s $4\frac{1}{2}$ 10.5 # & 11.6 # casing. Casing ruptured w $4\frac{1}{2}$ by perforating @ 7537' and pumping 75 sk c	hile cementing. Cemented lass B & 0.6% D-60. Casing
Perforated again @ 6800' and squeezed with 16 Job completed 2/16/81	66 sk class B & 0.6% D-60 ੈ 7 \$
,	A Common to the
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED JOHN Alexander Handle HITLE Agent	DATE - 2/18/81
(This space for Federal or State office	ce use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
error of the control	Fig.1 Autopiona alconoma with acutaida acutaida acutaida acutaida acutaida acutaida
"See Instructions on Reverse Si	