

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 23043	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL, 2310' FEL, Sec. 35, T25N, R3W		8. FARM OR LEASE NAME Tesia Kuchera	
API #30-039-24614		9. WELL NO. 2	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7130' GLE	10. FIELD AND POOL, OR WILDCAT West Lindrith/Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T25N, R3W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Progress</u> <input checked="" type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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.)*

Spudded surface at 7:00 p.m. on February 3, 1990. Drilled 12-1/4" hole to 365'. Ran 8 jts. (342.18') of 9-5/8", 36#, K-55, ST&C casing. Casing set at 357' KB. Mixed and pumped 205 sks. (242 cu. ft.) of Class "B" cement containing 2% CaCl and 1/4#/sk. Flocele. Cement circulated to surface.

RECEIVED
FEB 26 1990
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Bruce E. Delventhal</u> (This space for Federal or State office use)	TITLE <u>Petroleum Engineer</u>	DATE <u>February 7, 1990</u>
APPROVED BY _____	TITLE _____	DATE <u>2-22-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side