

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		2. NAME OF OPERATOR Hixon Development Company	3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 1980' FWL, Sec. 13, T25N, R12W	5. LEASE DESIGNATION AND SERIAL NO. SF 078064	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME Carson Unit	8. FARM OR LEASE NAME Carson Unit WIW 13	9. WELL NO. WIW 23-13	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T25N, R12W	12. COUNTY OR PARISH San Juan	13. STATE N.M.
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GK, etc.) 6398' DF		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data									

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Convert to Water Injection XX		(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.)*			

Hixon Development Company intends to convert the above referenced well to water injection pursuant to the New Mexico Oil Conservation Division Order No. WFX-594.

Upon conversion to water injection, the name of this well will be changed from Carson Unit Well No. 23-13 to the Carson Unit Well No. WIW 23-13.

RECEIVED  
JUL 23 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED Aldrich L. Kuchera President DATE MAR 21 1990

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

APPROVED  
JUL 16 1990  
AREA MANAGER

\*See Instructions on Reverse Side