

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved,  
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"/>	7. UNIT AGREEMENT NAME Carson Unit
2. NAME OF OPERATOR Hixon Development Company	8. FARM OR LEASE NAME Carson Unit 17
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, N.M. 87499	9. WELL NO. # 32
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1881' FNL, 1980' FEL, Section 17, T25N, R11W	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
14. PERMIT NO.	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 17, T25N, R11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6376' KB 5377	12. COUNTY OR PARISH San Juan
	13. STATE NM

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) Response to BLM letter dated 6-9-89 (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
(Other) <input type="checkbox"/>			

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.)\*

This well will be used in the ultimate recovery of reserves from this unit as waterflood response and current economics dictate.

RECEIVED  
MAIL ROOM

03 JUL 19 PM 12:22

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
JUL 18 1989  
CR. CUL. DIV.  
POST. 2

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

SIGNED Bruce E. Delventhal  
Bruce E. Delventhal  
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE JUL 18 1989

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side