

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

CBU TRACT #7 E6597

6. IF INDIAN, ALLOTTEE 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 "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

HIXON DEVELOPMENT COMPANY

3. ADDRESS OF OPERATOR

510 BANK OF THE SOUTHWEST BLDG., AMARILLO, TEXAS 79109

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

960' FNL & 2279' FEL SEC 16 T25N R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6243DF

7. UNIT AGREEMENT NAME

CENTRAL BISTI UNIT

8. FARM OR LEASE NAME

CBU TRACT #7

9. WELL NO.

WH-16 69

10. FIELD AND POOL, OR WILDCAT

BISTI LOWER GALLUP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

16 T25N R12W NMPM

12. COUNTY OR PARISH 13. STATE

SAN JUAN

NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

CONVERT TO OIL PRODUCER

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input 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.)*

THIS WELL HAS BEEN CONVERTED TO OIL PRODUCTION BY CONNECTING TO FLOW LINE
TO MAIN BATTERY.

THE WELL WAS TESTED FOR 30 DAYS INTERMITTENTLY FLOWING 14 BOPD AND 58 BWPD 1/4" CK.
FTP = 40 PSI.

WE DO NOT PROPOSE A CHANGE IN WELL NAME OR NUMBER.



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

SIGNED

[Signature]

TITLE EARTH SCIENCES CO. - AGENT

DATE 8-1-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

