

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(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.)

1. oil well ☒ gas well ☐ other ☐
- 
2. NAME OF OPERATOR  
Hixon Development Company
- 
3. ADDRESS OF OPERATOR  
P.O. Box 2810, Farmington, NM 87499
- 
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FSL, 990' FEL 9-25-12  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Return SI well to pump		

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(NOTE: Report res

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BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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.)\*

It is planned to clean out and return this well to production. If required the well's production will be stimulated by acidizing and fracing. Prior to stimulation the well's production casing will be pressure tested and repaired if necessary.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED William C. Schuchman TITLE Petroleum Engineer DATE 1/25/84

(This space for Federal or State office use)

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

APPROVED

JAN 29 1984  
Euerkom  
M. MILLENBACH

AREA MANAGER *AKTuz*

**\*See Instructions on Reverse Side**

**NMOCC**

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JAN 31 1984

OIL CON. DIV.  
DIST. 3