

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 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: 1980' FSL, 1980' FWL 10-25-12
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED
APR 7 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 070322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.
23-10

10. FIELD OR WILDCAT NAME
Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 10, T25N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6264' KB

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.)*

The subject well was fraced with 1271 barrels 2% KCl slick water and 50,000# 20-40 sand. Well was returned to pump. This work was done during the period 3/21 to 3/26/83.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Robert H. Hixon TITLE Petroleum Engineer DATE April 6, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: **NOTED FOR RECORD**

APR 08 1983

*See Instructions on Reverse Side

NMOCC