

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 660' FEL 7-25-12
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* ☐

SUBSEQUENT REPORT OF:

(other) Return SI well to pump ☐

RECEIVED

JAN 26 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
SF 078056
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Central Bisti Lower Gallup Unit
8. FARM OR LEASE NAME
9. WELL NO.
33
10. FIELD OR WILDCAT NAME
Bisti Lower Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 7, T25N, R12W
12. COUNTY OR PARISH
San Juan County
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6289' DF

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 Cecil L. Caruso TITLE Petroleum Engineer DATE 1/25/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCG

APPROVED

JAN 29 1984
M. MILLENBACH
DIST AREA MANAGER

RECEIVED
JAN 31 1984
OIL CON. DIV.
DIST. 3