

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

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	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87409		9. WELL NO. 43-10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL, 660' FEL, Section 10, T25N, R12W		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10, T25N, R12W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6207' GLE		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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Return to Production ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐(Other) ☒

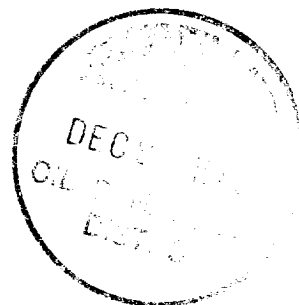
SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

It is proposed to resume production in this well. The well will be cleaned out. The perfs 4767'-4861' will be acidized or fraced as required. The casing will be tested and repaired if required prior to production.



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

SIGNED

TITLE

Petroleum Engineer

DATE 11/23/82

(This space for Federal or State official use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1982
JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC