

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	7. UNIT AGREEMENT NAME Central Bisti Unit
2. NAME OF OPERATOR Hixon Development Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499	9. WELL NO. WI-62
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL, 660 FWL, Section 9, T 25N, R 12W	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
14. PERMIT NO. JAN 15 1986	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9, T 25N, R 12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6188' GLE	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Return Well to Injection <input checked="" 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.)*			

It is planned to resume water injection in this well. The Lower Gallup perforations (4754'-4756', 4786'-4797', 4841'-4850' and 4850'-4856') will be stimulated with 15% HCL acid. Casing will be tested and repaired if necessary.

RECEIVED
JAN 17 1986
OIL & GAS DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct	
SIGNED <i>Charles E. Kellner</i>	TITLE Petroleum Engineer
DATE January 13, 1986	
(This space for Federal or State office use)	
APPROVED BY	TITLE
CONDITIONS OF APPROVAL, IF ANY:	DATE

APPROVED

*See Instructions on Reverse Side

NMOCC

JAN 16 1986
F. M. MILLENBACH
AREA MANAGER