

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF 078056                        |
| 2. NAME OF OPERATOR<br>Hixon Development Company   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2810, Farmington, New Mexico 87401  |  | 7. UNIT AGREEMENT NAME<br>Central Bisti Unit                            |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FNL, 660' FEL, Section 7, T25N, R12W |  | 8. FARM OR LEASE NAME<br>Central Bisti Unit                             |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>19   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6238'KB  |  | 10. FIELD AND POOL, OR WILDCAT<br>Bisti Lower Gallup                    |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 7, 25N, 12W |
|  |  | 12. COUNTY OR PARISH<br>San Juan  |
|  |  | 13. STATE<br>NM   |

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

NOTICE OF INTENTION TO:

|   |   |
|---|---|
| TEST WATER SHUT-OFF <input type="checkbox"/>                    | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>                         | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/>            | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>                            | CHANGE PLANS <input type="checkbox"/>         |
| (Other) Return Well to Pump <input checked="" type="checkbox"/> |   |

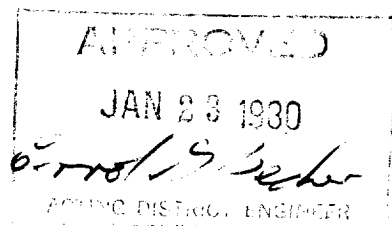
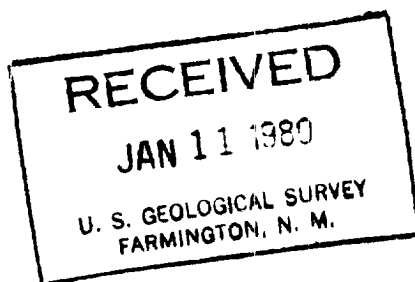
SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input 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.)\*

The subject well is shut in as temporarily abandoned. It is proposed to reenter this well, fish for parted tubing, run casing inspection logs, repair casing if necessary, stimulate perforations with acid and return well to pump.



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

SIGNED [Signature] TITLE Petroleum Engineer DATE 1-8-80

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side