UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| 5. LEASE / | | | | |
|-------------------|----------|-------|------|---|
| 14-2Ø 603 | -1448 | | | _ |
| 6. IF INDIAN, ALL | OTTEE OR | TRIBE | NAME | |

| GLOLOGICAL SORVET | |
|---|--|
| CHARRY MOTIOTE AND DEPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | Central Bisti Lower Gallup Unit |
| (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.) | 8. FARM OR LEASE NAME |
| | |
| 1. oil gas other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 53 |
| Hixon Development Company | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Bisti Lower Gallup |
| P.O. Box 2810, Farmington, NM 87499 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA Section 5, T25N, R12W |
| below.) | 12. COUNTY OR PARISH 13. STATE |
| AT SURFACE: 1979' FNL, 1980' FEL AT TOP PROD. INTERVAL: 5-25-12 | |
| AT TOP PROD. INTERVAL: 5-25-12 AT TOTAL DEPTH: | San Juan NM |
| | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | <u> </u> |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| CURCOUNT DEPORT OF | 6166' DF . |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE | and the second s |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone |
| DILL OR ALTER CASING [| change on Form 9–330.) |
| MULTIPLE COMPLETE | 10634 John Edwid Height |
| CHANGE ZONES | ing the second of the second o |
| ABANDON* LI LI TANAMAN AND CONTROL TO WI | |
| (other) Convert to 141 | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine | illectionally diffied, give substitute locations and |
| It is proposed to convert the subject | - will to water injection. |
| Water injection will be confined to t | the Zone I of the Lower |
| Gallup perforations 4796'-4816'. The | Lower Callum perforations |
| 4866'-76' will be isolated with a med | shanical bridge plug and/ |
| or squeezed with cement. Casing will | he tested and repaired |
| if necessary. The Zone I perforation | ne 1706!-1816! will be |
| if necessary. The zone i perioration | Woll name will be changed |
| acidized with 1000 gallons 15% HCl. to WI-53. | Well name will be endinged |
| | |
| IDEGEIV | |
| | |
| | |
| MAY 02 1984 | |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED LEGIT LE CALTURE TO LEVIE EN | ngineewre 4/16/84 |
| (This space for Federal or State or | ffice use) |
| · | DATE |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | - IN INOVE |

*See Instructions on Reverse Side

APR 27 1984