

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

SF - 078056

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Hixon Development Company

3. ADDRESS OF OPERATOR  
P. O. Box 2810, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660' FNL, 660' FWL Section 6-T25N-R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6196' KB

7. UNIT AGREEMENT NAME  
Central Bisti Unit

8. FARM OR LEASE NAME

9. WELL NO.  
5

10. FIELD AND POOL, OR WILDCAT  
Central Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
6-25N-12W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

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 type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

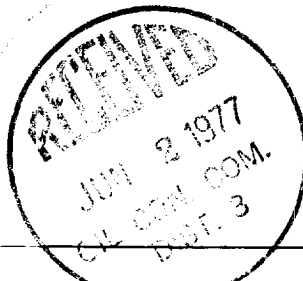
SUBSEQUENT REPORT OF:

|   |  |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/>                         | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/>                     | ALTERING CASING <input type="checkbox"/>           |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                  | ABANDONMENT* <input type="checkbox"/>              |
| (Other) <input checked="" type="checkbox"/> Return well to pump |  |

(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.)\*

Rigged up on well 5-23-77. Perforated additional Lower Gallup zones 4934'-38',  
4912'-16', 4896'-4900', 4874'-78'. Acidized with 1500 gallons 15% HCl acid.  
Hung well on pump.



JUN 1 1977

U. S. GEOLOGICAL SURVEY

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

SIGNED Charles H. Kershner TITLE Petroleum Engineer DATE 5-27-77

(This space for Federal or State office use)

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