

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 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 87499 | | 9. WELL NO. 41-19 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 660' FEL, Sec. 19, T25N, R11W, NMPM | | 10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T25N, R11W |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6419' KB | | 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: | | 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) <input type="checkbox"/> |
| (Other) Extension of time <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.)*

Hixon Development Company requests an extension of the approved Sundry dated March 31, 1989, approved April 3, 1989, for work on the above referenced well.

RECEIVED

DEC 14 1989

OIL CON. DIV.
DIST. 2

THIS APPROVAL EXPIRES - 4/3/90 -

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

SIGNED Bruce E. Delventhal
Bruce E. Delventhal

TITLE Petroleum Engineer

DATE November 9, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE

DEC 8 1989

AREA MANAGER

*See Instructions on Reverse Side