

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

(Other instructions on reverse side)

Budget Bureau No. 42-8192-1

5. LEASE DESIGNATION AND SERIAL NO.

SF 078064

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 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
 At surface

1980' FNL, 660' FEL, Section 13, T25N, R12W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 6378' GLE

7. UNIT AGREEMENT NAME  
 Carson Unit

8. FARM OR LEASE NAME

9. WELL NO.  
 42-13

10. FIELD AND POOL, OR WILDCAT  
 Bisti - Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 Section 13, T25N, R12W

12. COUNTY OR PARISH 13. STATE  
 San Juan 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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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.)\*

It is planned to return this shut in Lower Gallup well to production. The well's 4-1/2 " 9.5# casing will be tested and repaired if necessary. The Lower Gallup perforations 4886'-98' will be cleaned out and acidized.

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

SIGNED [Signature] TITLE Petroleum Engineer DATE 10/20/82

(This space for Federal or State use)

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:  
 NOV 03 1982  
 JAMES E. SIM  
 DISTRICT ENGINEER

\*See Instructions on Reverse Side