

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

IN TRIPPLICATE
INSTRUCTIONS ON REVERSE SIDE

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	7. UNIT AGREEMENT NAME Central Bisti Lower Gallup
2. NAME OF OPERATOR Hixon Development Company	8. FARM OR LEASE NAME Unit
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87401	9. WELL NO. WI-101
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 1980' FEL, Section 6, T25N, R12W	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 6, T25N, R12W	12. COUNTY OR PARISH San Juan
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6178' GLE

RECEIVED
AUG 26 1982

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"/>	

(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's name will be changed to CBU Well No. WI-4.

RECEIVED
SEP 13 1982
OIL CON. COM.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED William J. Kerec TITLE Petroleum Engineer DATE 8/25/82
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

SEP 10 1982

*See Instructions on Reverse Side

NM000

FARMINGTON DISTRICT
BY JKR