

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

N.M. 036254

6. IF INDIAN, ALLOTTED 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION                                                                             | 7. UNIT AGREEMENT NAME<br>Central Bisti                   |
| 2. NAME OF OPERATOR<br>Hixon Development Co.                                                                                                                                                                 | 8. FARM OR LEASE NAME<br>CRU                              |
| 3. ADDRESS OF OPERATOR<br>341 Milam Bldg, SAN ANTONIO TX 78205                                                                                                                                               | 9. WELL NO.<br>WI #                                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>2635' FSL / 1315' FWL Sec 10, T25N R12W<br>SAN JUAN Co, N.M. NINPM | 10. FIELD AND POOL, OR WILDCAT<br>Bisti Gallup            |
| 14. PERMIT NO.                                                                                                                                                                                               | 15. ELEVATIONS (Show whether of, RT, CR, etc.)<br>6200 DF |
|                                                                                                                                                                                                              | 12. COUNTY OR PARISH<br>SAN JUAN                          |
|                                                                                                                                                                                                              | 13. STATE<br>N.M.                                         |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)

This well is no longer necessary to Unit.  
We intend to plug & abandon this well as follows:

1. Squeeze Perfs 4747' - 4760'
2. Spot 10% plug inside Csg @ top of Pt. Leasport.
3. Cut & Pull 4 1/2" Csg
4. Place Plug 50' inside Stub to 50' Above Stub
5. Place 150' Plug over top of PC
6. Set PEA MARKER w/ 10% SURFACE Plug
7. Clean loc.



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

SIGNED

TITLE

Agent for Operator DATE June 3, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

