

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.

NM 25449

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hixon Development Company		8. FARM OR LEASE NAME Hunter Wash	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87401		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 860' FNL, 330' FWL, Section 22-T25N, R12W		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22-T25N-R12W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6280' KB	12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

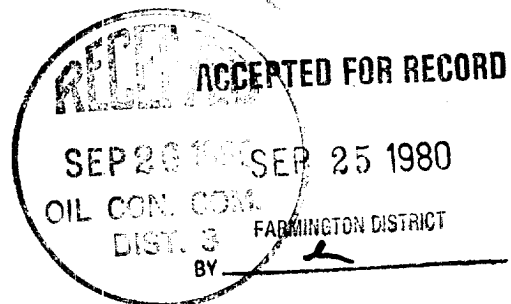
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" 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.)*

Rig up Western Company. Test lines to 4000 psi. Spearhead frac with 500 gallons 15% HCl acid. Frac down 4-1/2" 9.5# and 10.5# casing with 108,000# 20-40 and 20,000# 10-20 sand in 1071 barrels Mini-Max III crosslinked gelled water. Flush with additional 78 bbl for 1149 total bbl load fluid. All water was treated with 2% KCl. Average rate was 3l BPM with average pressure 950 psi. Maximum treating pressure was 1050 psi, minimum 750 psi, ISIP 400 psi, 15 minute shut in 300 psi. Intervals treated 4768'-76', 4791'-99', 4806'-10'.



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

SIGNED

TITLE Petroleum Engineer

DATE 9/19/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side