

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 ☒ GAS WELL ☐ OTHER ☐ MAR 0 1 1985

2. NAME OF OPERATOR
Hixon Development

3. ADDRESS OF OPERATOR
P.O. Box 2810, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
790' FSL and 1650' FEL, Section 8, T 25N, R 12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6231' GLE

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-325

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Central Bisti Unit

8. FARM OR LEASE NAME

9. WELL NO.
73

10. FIELD AND POOL, OR WILDCAT
Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 8, T 25N, R 12W

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:

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)			

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)			

(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.)*

While preparing to acidize this well's Gallup perforations on February 27, 1985, a packer failure occurred causing damage to the casing. Packer testing isolated the hole to the interval of 2522'-2555'. We plan to repair this well by squeezing with 250 sacks (295 cuft.) of Class "B" cement with 2% CaCl. After this well has been repaired we plan to continue as planned and acidize the Gallup perforations.

Verbal approval for this procedure was received from Jim Townsend, BLM on February 28, 1985 at 9:00 am.

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

SIGNED Bruce C. Delventhal

TITLE Petroleum Engineer

DATE February 28, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side