

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 ☐	2. NAME OF OPERATOR Hixon Development Company	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 2310' FSL, 660' FWL, Sec. 25, T25N, R12W, NMPM	5. LEASE DESIGNATION AND SERIAL NO. NM 51014	6. IF INDIAN, ALLCOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Ray Bridges	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T25N, R12W	12. COUNTY OR PARISH San Juan	13. STATE N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) API # 30-045-26712 6410' GR											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLAN ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐

(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.)

Acidized perforations (4646' - 4654', 4752' - 4760', 4772' - 4780', 4790' - 4798', 4812' - 4820', 4828' - 4836') with 1535 gallons of 15% HCL acid. Returned to production.

RECEIVED
MAR 20 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer
Bruce E. Delventhal MDH
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

Accepted for Record 1990

MAR 20 1990

DATE

Chief, Branch of
Mineral Resources
Farmington Resource Area

*See Instructions on Reverse Side