

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 078064
2. NAME OF OPERATOR Hixon Development Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL, 1190' FWL, Section 1, T25N, R12W	8. FARM OR LEASE NAME Pete Morrow
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6321' GLE	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T25N, R12W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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"/>	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Amendment to APD	

(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.)\*

Please accept this Sundry as an amendment to the proposed casing program and cementing program of our original APD in the above referenced well.

PROPOSED CASING PROGRAM:

Surface Casing will be 110' of 7", 20#, J-55 ST&C, Range 2, Smls, new casing in an 8-3/4" hole.

Production Casing will be 1375' of 4-1/2", 11.6#, K-55, ST&C, Range 2, Smls, new casing in a 6-1/4" hole.

PROPOSED CEMENTING PROGRAM:

Surface Casing will be cemented to surface as follows:

- 1) Break circulation with water; 2) Pump 50 sks. Class "B" cement with 2% CaCl and 1/4#/sk. cellophane flakes; 3) Displace cement to 30' above end of shoe joint, with water; 4) Shut in casing and WOC for 12 hours.

Production Casing will be cemented to surface as follows:

- 1) Break circulation with mud and water; 2) Mix and pump 55 sks. of Class "B" cement containing 3% Sodium Silicate, and 1/4#/sk. cellophane flakes; 3) Mix and pump tail slurry of 75 sks. of Class "H" containing 0.6% fluid-loss additive, 1/4#/sk. cellophane flakes and 2% CaCl<sub>2</sub>; 4) Displace wiper plug with water to float collar; 5) WOC for 48 hours or to a compressive strength of 1000 psi.

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

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer DATE March 27, 1989  
Bruce E. Delventhal  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOC

\*See Instructions on Reverse Side