

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078065	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 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 990' FNL, 1980' FWL, Sec. 21, T25N, R12W		8. FARM OR LEASE NAME South Bisti	
14. PERMIT NO.		9. WELL NO. 21	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6283' GLE		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
API #30-045-27783		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 21, T25N, R12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Progress</u> <input checked="" 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.) \*

Spudded surface at 6:45 p.m. on May 12, 1990. Drilled 12-1/4" hole to 365' KB. Ran 8 jts. (367.13') of 8-5/8", 24#, J-55, 8rd, ST&C casing. BakerLok'd guide shoe on bottom of 1st jt. Ran centralizers on tops of 1st, 3rd, 5th and 7th jts. Casing set at 363.93'. Cemented casing as follows: Mixed and pumped 200 sks. (236 cu. ft.) Class "B" cement containing 2% CaCl<sub>2</sub> and 1/4#/sk. cellophane flakes. Cement circulated to surface. Pressure tested casing to 600 psi for 30 minutes; test OK.

RECEIVED  
MAY 29 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED Aldrich L. Kuchera TITLE President

DATE MAY 21 1990

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

TITLE INMOCD

ACCEPTED FOR RECORD  
DATE

MAY 23 1990

FARMINGTON RESOURCE AREA

BY W

\*See Instructions on Reverse Side