

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other
well well

2. NAME OF OPERATOR

Dixco, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 255, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' fn & e lines

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

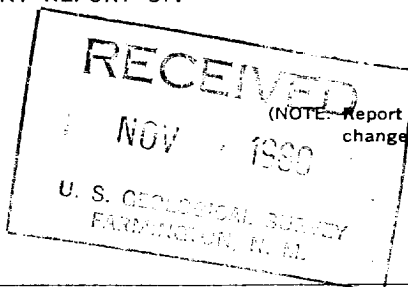
REQUEST FOR APPROVAL TO:

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

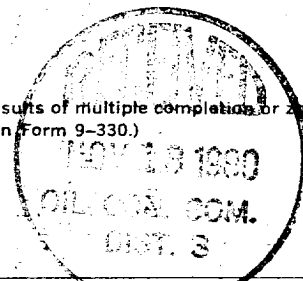
(other)

Attempt Completion

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

(NOTE: Report results of multiple completions or zone change on Form 9-330.)



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.)*

Operator proposes to rig up swabbing unit, run cement bond log and gamma-ray correlation log and perforate Pictured Cliffs formation from 1328-1334 ft. with 2 jet shots per foot. Well will then be swabbed in with lubricator and tested for gas flow. If weak or no flow of gas, will acidize with 500 gals. of 15% HCl acid, swab back and re-test. If commercially productive 1 1/4", 2-4#, J-55, 10rnd EUE tubing will be run to base of perfs, tubing head and necessary well-head equipment installed and well shut in pending further testing and pipeline connection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

TITLE

Agent

DATE

November 5, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MOCC

*See Instructions on Reverse Side

BW