5. LEASE .1111-33034

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEFAITMENT OF THE INTERNOT	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME II/A
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME None
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas [7]	Gass
well well well other	9. WELL NO. 2
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Bixco, Inc.	Wildcat
3. ADDRESS OF OPERATOR P.O. Box 255, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	S8, T27N-R13W, N.M.P.M.
AT SURFACE: 790' fsl, 1850' fel	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TGTAL DEPTH:	San Juan New Nexico
	14. API NO. 30-045-24598
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER DAW	5956 Gr.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3300 41.
TEST WATER SHUT-OFF	
FRACTURE TREAT	.
SHOOT OR ACIDIZE U U U SEPAIR WELL U U U U U U U U U U U U U U U U U U	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
(other) Setting surface casing	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertined.	irectionally drilled, give subsurface locations and
Well was spud at 7:00 a.m., 10/3 drilled to 115 ft. Set 3 jts of 7", 0 109 ft. with 50 sacks Class B Cemer surface. P.D. 0 9:45a.m.	17.0%, H-40 smls casing
/ RHID	RECEIVED
	0.0 m 0.1 4400
	OCT 31 1980
Subsurface Safety Valve: Manu. and Type	U. S. GEOLOGICAL SURVEY
	FARMINGTON, N. M.
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and connect	Oataban 21 1000
SIGNED SIGNED TITLE Agent	DATE October 31, 1980
(This space for Federal or State of	ffice use)
APPROVED BY TITLE	DATE
APPROVED BY ITLE CONDITIONS OF APPROVAL, IF ANY:	
A 1	•

*See Instructions on Reverse Side