

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0155  
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. <u>N00-C-14-20-5389</u>
2. NAME OF OPERATOR <u>Simmons Engineering &amp; Consulting Company</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NAVAJO</u>
3. ADDRESS OF OPERATOR <u>5704 Villa View Dr, Farmington, N.M. 87401</u>	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 <u>1850' FSL + 790' FWL</u>	8. FARM OR LEASE NAME <u>MELISSA</u>
	9. WELL NO. <u>1</u>
	10. FIELD AND POOL, OR WILDCAT <u>Gallegos Fruitcans PC Ept</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 18, T26N, R11W</u>
14. PERMIT NO.	12. COUNTY OR PARISH <u>SAN JUAN</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6041 GR</u>	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Surface csq 1 cmt.</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)\*

5-24-84. Spud 12 1/4" hole at 4:00 AM. Drilled to 80' GR. RAN 2 jts 8 5/8", 24", K55, STIC SET AT 80' GR CEMENTED WITH 50 SKS (59 cu.ft.) Class "B" wt 1/4#/SK. Flocele and 2% calcium chloride. Circulated cement to surface. Plug down @ 8:30 AM. WOC 12 hrs. Install BOP. Pressure test casing and BOP to 600 psig. Held.

RECEIVED  
JUN 06 1984  
OIL CON. DIV.  
DIST. 3

RECEIVED  
JUN 06 1984

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

SIGNED R D Simon TITLE Operator DATE 5-25-84

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DATE \_\_\_\_\_

JUN 05 1984

AMOC

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Sm