

Form approved.  
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

|                                                                                                                                                                                                                                                    |  |                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 1a. TYPE OF WELL:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>                                                                                    |  | 7. UNIT AGREEMENT NAME                                                                                                            |  |
| b. TYPE OF COMPLETION:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/> |  | 8. FARM OR LEASE NAME<br><b>Simmons - <del>Co.</del></b>                                                                          |  |
| 2. NAME OF OPERATOR<br><b>D. J. Simmons, et al</b>                                                                                                                                                                                                 |  | 9. WELL NO.<br><b>No. 9</b>                                                                                                       |  |
| 3. ADDRESS OF OPERATOR<br><b>3590 McCart St., Fort Worth, Texas</b>                                                                                                                                                                                |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Blanco - P.C.</b>                                                                            |  |
| 14. PERMIT NO.<br><b>10-14-66</b>                                                                                                                                                                                                                  |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br><b>Sec. 21 - T29N - R9W<br/>N.M.P.M.</b>                                     |  |
| 15. DATE SPUDDED<br><b>10-22-66</b>                                                                                                                                                                                                                |  | 12. COUNTY OR PARISH<br><b>San Juan</b>                                                                                           |  |
| 16. DATE T.D. REACHED<br><b>11-30-66</b>                                                                                                                                                                                                           |  | 13. STATE<br><b>N.M.</b>                                                                                                          |  |
| 17. DATE COMPL. (Ready to prod.)<br><b>12-26-66</b>                                                                                                                                                                                                |  | 14. ELEV. CASINGHEAD<br><b>5614 GR.</b>                                                                                           |  |
| 18. ELEVATIONS (DF, RKB, RT, GE, ETC.)*<br><b>5624 K.B.</b>                                                                                                                                                                                        |  | 15. ELEV. CASINGHEAD<br><b>5614 GR.</b>                                                                                           |  |
| 19. ELEV. CASINGHEAD<br><b>5614 GR.</b>                                                                                                                                                                                                            |  | 20. TOTAL DEPTH, MD & TVD<br><b>2250</b>                                                                                          |  |
| 21. PLUG, BACK T.D., MD & TVD<br><b>2192</b>                                                                                                                                                                                                       |  | 22. IF MULTIPLE COMPL., HOW MANY*<br><b>Single</b>                                                                                |  |
| 23. INTERVALS DRILLED BY<br><b>2130</b>                                                                                                                                                                                                            |  | 24. ROTARY TOOLS<br><b>120</b>                                                                                                    |  |
| 25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br><b>2082 - 2159 Pictured Cliffs Sand</b>                                                                                                                           |  | 26. WAS DIRECTIONAL SURVEY MADE<br><b>Yes</b>                                                                                     |  |
| 27. TYPE ELECTRIC AND OTHER LOGS RUN<br><b>Density Log - Gamma - Neutron (Walex)</b>                                                                                                                                                               |  | 28. WAS WELL CORED<br><b>No</b>                                                                                                   |  |
| 29. CASING RECORD (Report all strings set in well)                                                                                                                                                                                                 |  | 30. TUBING RECORD                                                                                                                 |  |
| 31. PERFORATION RECORD (Interval, size and number)<br><b>2082-85, 2087-89, 2090-97<br/>2099-2103, 2120-35, 2137-51<br/>2155-59.<br/>1 / Ft.</b>                                                                                                    |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br><b>2082-2159<br/>30,000# Sand<br/>30,000 Gal. Water</b>                         |  |
| 33. PRODUCTION                                                                                                                                                                                                                                     |  | 34. TEST WITNESSED BY<br><b>N. Tefteller</b>                                                                                      |  |
| 35. LIST OF ATTACHMENTS                                                                                                                                                                                                                            |  | 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |  |
| SIGNED <b>A. B. Geren, Jr.</b>                                                                                                                                                                                                                     |  | TITLE <b>Supt.</b>                                                                                                                |  |
| DATE <b>1-12-67</b>                                                                                                                                                                                                                                |  | DATE <b>1-12-67</b>                                                                                                               |  |

**\* (See Instructions and Spaces for Additional Data on Reverse Side)**

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

| 37. SUMMARY OF POROUS ZONES:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING<br>DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES |     |        |                             | 38. GEOLOGIC MARKERS |             |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|-----------------------------|----------------------|-------------|------------------|
| FORMATION                                                                                                                                                                                                                                             | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | NAME                 | TOP         |                  |
|                                                                                                                                                                                                                                                       |     |        |                             |                      | MEAS. DEPTH | TRUE VERT. DEPTH |
|                                                                                                                                                                                                                                                       |     |        |                             | Pictured<br>Cliffs   | 2066        |                  |

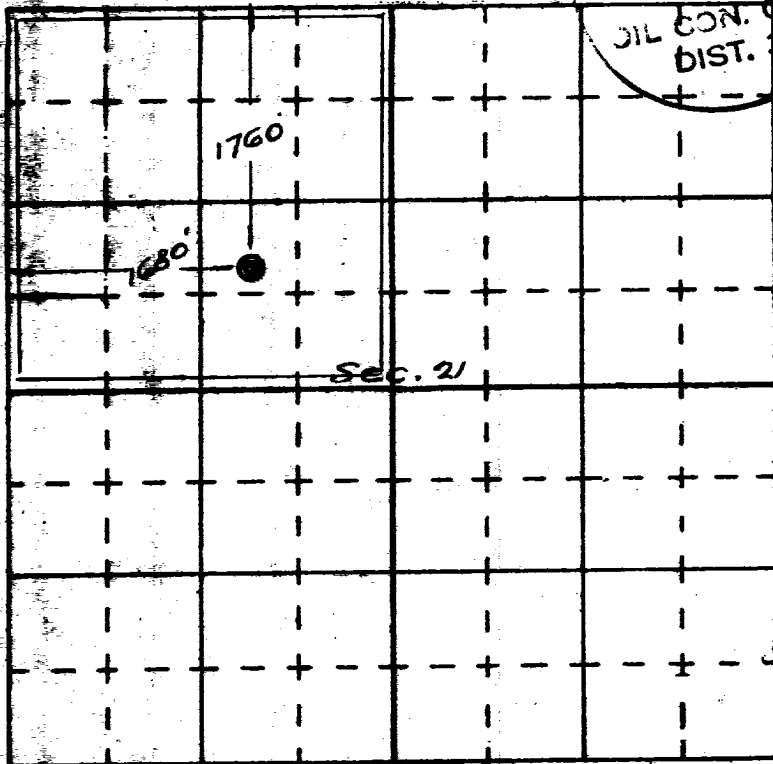
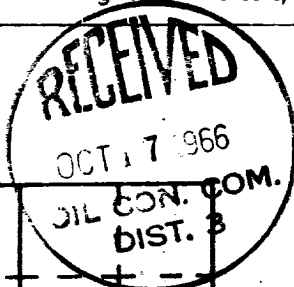
**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACERAGE DEDICATION PLAT**

All distances must be from the outer boundaries of the Section

*SIMMONS PC No. 9*

|                                                                                                                                |                                               |                             |                             |                                        |                      |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------|-----------------------------|----------------------------------------|----------------------|
| Operator<br><b>D. J. Simmons Etal</b>                                                                                          |                                               |                             | Lease<br><b>SF 080245 B</b> |                                        | Well No.<br><b>9</b> |
| Unit Letter<br><b>F</b>                                                                                                        | Section<br><b>21</b>                          | Township<br><b>29 North</b> | Range<br><b>9 West</b>      | County<br><b>San Juan</b>              |                      |
| Actual Footage Location of Well:<br><b>1760</b> feet from the <b>North</b> line and <b>1680</b> feet from the <b>West</b> line |                                               |                             |                             |                                        |                      |
| Ground Level Elev.                                                                                                             | Producing Formation<br><b>Pictured cliffs</b> |                             | Pool<br><b>BLANCO-PC</b>    | Dedicated Acreage:<br><b>160</b> Acres |                      |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty),
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?  
☐ Yes   ☐ No   If answer is "yes," type of consolidation \_\_\_\_\_  
 If answer is "no," list the owners and tract descriptions which have actually consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_  
 No acreage will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name *A. B. Teren, Jr.*  
 Position *Supt.*  
 Company *D. J. SIMMONS, et al*  
 Date *Oct. 14, 1966*

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed *July 9, 1966*  
*E. J. Chisholm*  
 Registered Professional Engineer  
 and/or Land Surveyor