

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080245-B

**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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR D. J. Simmons, et al</p> <p>3. ADDRESS OF OPERATOR 3815 McCart Street Fort Worth, Texas 76110</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL - 1820' FWL Section 21 - T29N - R9W</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----</p> <p>7. UNIT AGREEMENT NAME None</p> <p>8. FARM OR LEASE NAME Simmons - P.C.</p> <p>9. WELL NO. No. 10</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco - P.C.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T29N-R9W N.M.P.M.</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5576 GL 5586 KB</p>	

16. 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) _____	

(Other Well status & future plans )

(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.) \* The above captioned well clogged off with water in February of 1976. On 2-13-76 the water was unloaded by use of NOWSCO with nitrogen gas pressure and then put back on the line for production; however, the well soon logged off again. On 2-20-76 a request to test for casing leak and proposal to repair if found was submitted and approved. As outlined in the request, the casing was tested from just above the top perforations to the surface and no leak was detected. The bottom pack-off was then retrieved, the well swabbed down and put back on production 3-3-76. By frequent blowing water from the well before log off it was kept producing to the line at a very low and inefficient rate. The well finally logged off completely in September of 1976. As a result of not detecting a casing leak it is now concluded that the water entry to the well bore must be through the perforations, and it might be assumed that the water is being produced from the perforated zone or from immediately above. In either case a squeeze and attempted recompletion at this position would not likely be an economic proposition. It is therefore requested that permission be granted to plug and abandon the above captioned well within 120 days depending on rig availability. The plugging & abandonment program shall be submitted for approval previous to commencement of operations.

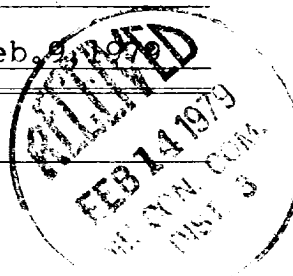
18. I hereby certify that the foregoing is true and correct

SIGNED Ashton B. Geren, Jr. TITLE Manager & Supt. for:  
D.J. Simmons DATE Feb. 9 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

NADCC

*Ashton*