

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 080000-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR D. J. Simmons, et al

3. ADDRESS OF OPERATOR 3815 McCart Street
Fort Worth, Texas 76110

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1550' FNL - 920' FWL
Section 23 - T29N - R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5792 GR 5802 KB

7. UNIT AGREEMENT NAME
None

8. FARM OR LEASE NAME
Simmons - P.C.

9. WELL NO.
No. 4

10. FIELD AND POOL, OR WILDCAT
Blanco - P.C.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23 - T29N - R9W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.) * 7-17-76 Moved in workover rig, rigged up B.O.P. on wellhead. Well dead, logged off with water. Pulled 1 1/2" tubing & started in hole with Baker tools (bridgeplug & full bore) on 2 3/8" tubing. 7-18-76 ran tub. & set bridge plug just above perfs. (set at 2273'), pulled just off plug, set packer & pump tested tubing & bridge plug to 1000#, held Ok 5 min. Closed B.o.P. rams and pumped in casing side. Press. up to 1000# & dropped back to 500# with continuous returns out surf. csg. Pulled tubing up and tested 4 1/2" csg at frequent intervals. Found casing leaking from 732' up through 543'. Came out of hole and prepared to squeeze the leaking interval. 7-19-76 ran in hole with 2 3/8" tubing & spotted 50 sx. of class B with .5% CFR-2 from 813 up to 186' from surface. Pulled tubing and displaced cement down to 436' from surface with final pump press. of 450# and an instant shut-in of 350# down to 250# after 5 min. Closed in well head & surf. Csg. 7-20-76 Csg. Press. 20# with 0# on surf. In hole with bit & 2 3/8" & found cement top at 474'. Drilled to 566' (solid cement) & tested csg. to 450#, press. bled slowly to 0# in 1 min. Drilled on down to base of cement found at 814'. Pulled tubing 7-22-76 & pressured csg. to 500# to test 4 1/2" csg. down to bridge plug set at 2273'. Press. bled to 125# in 5 to 6 min. Held 125# for 15 min. Well flowing a 1/2" to 1/2" stream of water out of 4 1/2" csg. Ran scraper to bottom & out. Apparently 4 1/2" casing is corroded to such extent and over such a wide interval that any excess pressure breaks out another new leak hole. Well shut in 7-22-76.

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

SIGNED

Ashton B. Geren, Jr.

Manager & Supt. for:
D.J. Simmons

DATE Feb 14 1979

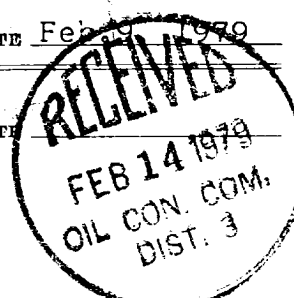
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE



*See Instructions on Reverse Side

NMOCC