Form 9-331
Expires August 31, 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: NM 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.)

7. UNIT AGREEMENT NAME:

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: D.J. SIMMONS

8. FARM OR LEASE NAME: SIMMONS

3. ADDRESS OF OPERATOR: P.O. BOX 1469, FARMINGTON, NM 87499

9. WELL NO.: # 4

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

10. FIELD AND POOL, OR WILDCAT: BLANCO PICTURED CLIFFS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC.23, T29N,R9W

14. PERMIT NO.

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

12. COUNTY OR PARISH: SAN JUAN

13. STATE: NEW MEXICO

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	X	CHANGE PLANS	☐	(Other)			
(Other)				(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.)*

6-5-92 INTEND TO MOVE IN WORK OVER RIG. PULL BRIDGE PLUG OVER PERFS & DETERMINE WHETHER WELL IS PRODUCTIVE. IF PRODUCTIVE, REPAIR CASING & RETURN TO PRODUCTIVE STATUS. IF NOT, PROCEED W/ PLUGGING PROCEDURE.

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

SIGNED [signature] TITLE CO. REP. DATE 6-5-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

APPROVED

JUL 27 1992

AREA MANAGER

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.