

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

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**SF 080000-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
**None**

8. FARM OR LEASE NAME  
**Simmons "E"**

9. WELL NO.  
**1-A**

10. FIELD AND POOL, OR WILDCAT  
**Blanco Mesaverde**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 26 - T29N - R9W  
N.M.P.M.**

12. COUNTY OR PARISH | 13. STATE  
**San Juan | New Mexico**

**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**

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 **1685' FSL - 1470' FEL Sec. 26 - T29N - R9W**

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
| **5800 GL 5814 KB**

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) <b>Well History</b>	<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.)\*

**6-12-79 began well completion: Ran 2 3/8" tubing to bottom at approx. 4951'. Pressured up hole with water and tested casing to 3500#, press. held OK for 5 min. Spotted 400 gallons of 7 1/2% HCl at bottom of hole to cover the proposed zone to be perforated. Ran correlation log and gun perf. the Mesaverde at the following depths (1 shot each) for the first stage frac.: 4535, 4545, 4553, 4561, 4569, 4577, 4583, 4589, 4595, 4601, 4611, 4627, 4646, 4653, 4667, 4713 4740, 4755, 4773, 4831, 4855, 4904, & 4925. (23 holes). Treated perforated zone with 2000 gal. of 15% HCl & dropped ballsealers. Started frac & fraced with 82,000# of 20/40 sd & 82,000 gal. water. Min. treat press. 1150#, Max. 2500#, rate 35 bbl./min. Set bridge plug at 4477' & then gun perf. the Mesaverde at the following depths (1 shot each) for the second stage frac: 3831, 3908, 3938, 3947, 3953, 3961, 3969, 4001, 4069, 4150, 4157, 4222, 4231, 4253, 4279, 4297, 4327, 4377, 4384, 4441, 4449, & 4457, (22 holes). Treated perforated zone with 2000 gal of 15% HCl & dropped ballsealers. Started frac & fraced with 91,000# of 20/40 sd & 91,000 gal water. Min. treat press. 800 psi, Max. 2500#. Rate 34 bbl/min/ Frac finished 6-13-79. Final shut in press 300# in 15 minutes. 6-14-79 rigged compressor booster, went in hole with 2 3/8" tubing & bit to blow well & drill bridgeplug. Drilled B.P. at 4477' then cleaned well to bottom 4950'. 6-17-79 well clean and making ~~good~~ good gas blow. Ran 2 3/8" tub. and set at 4906'. Well complete.**

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

SIGNED **Ashton B. Geren, Jr.** TITLE **D.J. Simmons** DATE **Sept. 14, 1979**

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

