


**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**RECEIVED****MAY 02 2008**Bureau of Land Management  
Farmington Field Office

## Sundry Notices and Reports on Wells

<p>1. <b>Type of Well</b> GAS</p> <p>2. <b>Name of Operator</b> D. J. Simmons, Inc.</p> <p>3. <b>Address &amp; Phone No. of Operator</b> 1009 Ridgeway Place, Suite 200 Farmington, New Mexico 87401 (505) 326-3753</p> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b> 1871'FNL, 660'FEL, Sec.26, T-29-N, R-9-W, NMPM</p>	<p>5. <b>Lease Number</b> SF-080000-A</p> <p>6. <b>If Indian, All. or Tribe Name</b></p> <p>7. <b>Unit Agreement Name</b></p> <p>8. <b>Well Name &amp; Number</b>  Simmons #2R</p> <p>9. <b>API Well No.</b> 30-045-32970</p> <p>10. <b>Field and Pool</b> Basin Fruitland Coal/ Blanco Pictured Cliffs</p> <p>11. <b>County and State</b>  San Juan Co, NM</p>
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 **DHC-2630az**

**12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA**

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other DHC allocation

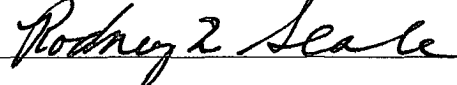
**13. Describe Proposed or Completed Operations**

The subject well was recompleted to the Basin Fruitland Coal and commingled with the existing Blanco Pictured Cliffs. The well was tested and produced a total of 325 MCF/D. The subtraction method was used to calculate the allocation. The allocation is as follows:

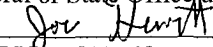
Basin Fruitland Coal: 77%  
Blanco Pictured Cliffs: 23%

RCVD MAY 7 '08  
OIL CONS. DIV.  
DIST. 3

**14. I hereby certify that the foregoing is true and correct.**

Signed  Title Operations Manager Date 4-30-08

(This space for Federal or State Office use)

APPROVED BY  Title Geo Date 5-6-08

CONDITION OF APPROVAL, if any:

**NMOCD**