

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		None
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
D. J. Simmons		Simmons "E"
3815 McCart Street		9. WELL NO.
Fort Worth, Texas 76110		3 R
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT
1510' FSL - 790' FWL		Blanco Mesaverde
Sec. 24 - T29N - R9W		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 24 - T29N - R9W
		N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH
	6406 KB 6394 GR	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 COMPLETION	<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"/>		<input type="checkbox"/>

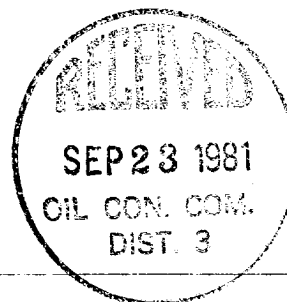
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Liner set & completion	<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.) *

After the 7" Intermediate was set a 6 1/2" hole was then gas drilled to an approx. depth of 5600' and the following logs were run: Induction, Gamma & Compensated Density. TD was reached on 3-13-81. On 3-14-81 4 1/2"-10.5# liner was run to bottom and set from 5600' up to 3178' & cemented with 330 sx. of 50/50 Poz. Plug back TD was appx. 5560'. On 3-17 & 18-81 a (2) stage water frac completion was performed. The well was perforated in the Point Lookout zone from 5189 to 5550' at the following points with (1) shot each: 5189, 5193, 5197, 5219, 5225, 5231, 5237, 5243, 5249, 5263, 5273, 5307, 5349, 5403, 5445, 5467, 5495, & 5550, broken down with with 2400 gal. 15% HCl & frac with 65,000 gal Water & 65,000# of 20/40 sd. Ave. Inj 36, @ 1100 psi. Upper zone perf at 4573, 4605, 4613, 4649, 4673, 4681, 4695, 4827, 4835, 4887, 4943, 4964, 4969, 4991, 5009, 5067, 5119, 5123. & Frac. with 71,000 gal. water & 71,000# 20/40 sd. Break down with 2000 gal 15% HCl. Ave. Inj. 36 @ 2000 psi. Well cleaned up and shut in for test. See test data on completion report.



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

SIGNED Ashton B. Green, Jr. TITLE Manager for:: D.J. Simmons DATE 8-17-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 22 1981

NMOCC

*See Instructions on Reverse Side

BY 222 ENGINEER