Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103			
<u>District I</u>	Energy, Minerals and Natural Resources		THE ADT NO	October 13, 2009			
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO 30-045-30271				
1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type	of Lease			
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran			X FEE			
District IV	Santa Fe, NM 87	505	6. State Oil & G	<u></u>			
1220 S. St. Francis Dr., Santa Fe, NM			E9707				
87505 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" (FORM C-101) FOR SUCH			7. Lease Name of Flush SWD	or Unit Agreement Name			
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well X Other (SWD)		8. Well Number	1			
2. Name of Operator			9. OGRID Numl	ner 5578			
D.J. Simmons, Inc.), OOAGD TURK				
3. Address of Operator			10. Pool name or	r Wildcat			
1009 Ridgeway Place, Ste 200, Fa	armington, NM 87401		SWD Mesaverde	•			
4. Well Location							
Unit Letter_F:_	1910feet from theNorth_	line and	1765feet fr	om theWestline			
Section 2	Township 26N	Range 13W	NMPM	San Juan County			
PART MELL CARBON	11. Elevation (Show whether DR,	RKB, RT, GR, etc.,)				
Branch & Branch	6047' GR						
12. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other	Data			
NOTICE OF IN	TENTION TO	l our		DODT OF			
PERFORM REMEDIAL WORK			SSEQUENT REPORT OF: RK				
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DR		K ∐ LLING OPNS.∐				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		P AND A			
DOWNHOLE COMMINGLE			. 005				
*							
OTHER:			nical Integrity Test	<u> </u>			
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date							
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of							
proposed completion or reco	ompletion.						
Rigged up Wilson Service to	o the tubing/casing annulus. Pressu	red up the annulus t	o 900 psi Recorde	ed the pressure for 30			
minutes with no pressure drop. Test			the pressure off to	0 psi and shut in the			
annulus. Rigged down Wilson.	•	J	•	PECEIVED WIST 3 AND ONL COMS. DIV. DIST. 3 AND O			
				12780-			
				345670970772			
			[1	RECFIVED &			
			180	5			
			93	6			
			123	OFL CONS. DIV. DIST 3			
	•		\ <u>E</u>	487			
			'	71200			
				2223243			
Spud Date:	Rig Release Da	nte:		<u></u>			
Spud Bate.							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
2.10.009			,•				
SIGNATURE	TITLE_Ager	nt	DA	TE_6/2/2011			
		1, 1, 0, 11, 1	***	HONE 505 006 0550			
Type or print nameLaura Tucke.		•		HONE: _505-326-3753			
For State Use Only	2// Dep	outy Oil & Gas					
APPROVED BY: Bal 8	elltitle	District #	#3	ATE 6-16-61			
Conditions of Approval (if any):	A/						
* * * * * * * * * * * * * * * * * * * *	¥ 1/						

nacel 6-2-11 SS

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

Address	(EPA	Regional	Office)
---------	------	----------	---------

Region 9

Environmental Inspection Agency
75 Hawthorne Street (WTR-9)
San Francisco, CA 94105

NNEPA/Surface & Groundwater Protection Dept.-UIC Program P.O. Box 1999

Shiprock, NM 87420-1999

Firm To Be Inspected
DISIMMONS
1009 EdgwayPlace
Suite 200
Farmington, NN 8740

Date 05 31 11

Hour

Notice of inspection is hereby given according to Section 1445(b) of the Safe Drinking Water Act (42 U.S.C. §300 f et seg.).

Reason For Inspection

For the purpose of inspecting records, files, papers, processes, controls and facilities, and obtaining samples to determine whether the person subject to an applicable underground injection control program has acted or is acting in compliance with the Safe Drinking Water Act and any applicable permit or rule.

MIT/Inspection completed @ the following:

SENN SECOZ TZON RIZN San Juan County, Den Mextin

-MIT prosed

Section 1445(b) of the SDWA (42 U.S.C. §300 j-4 (b) is quoted on the reverse of this form.

Receipt of this Notice of Inspection is hereby acknowledged.

Firm Representative

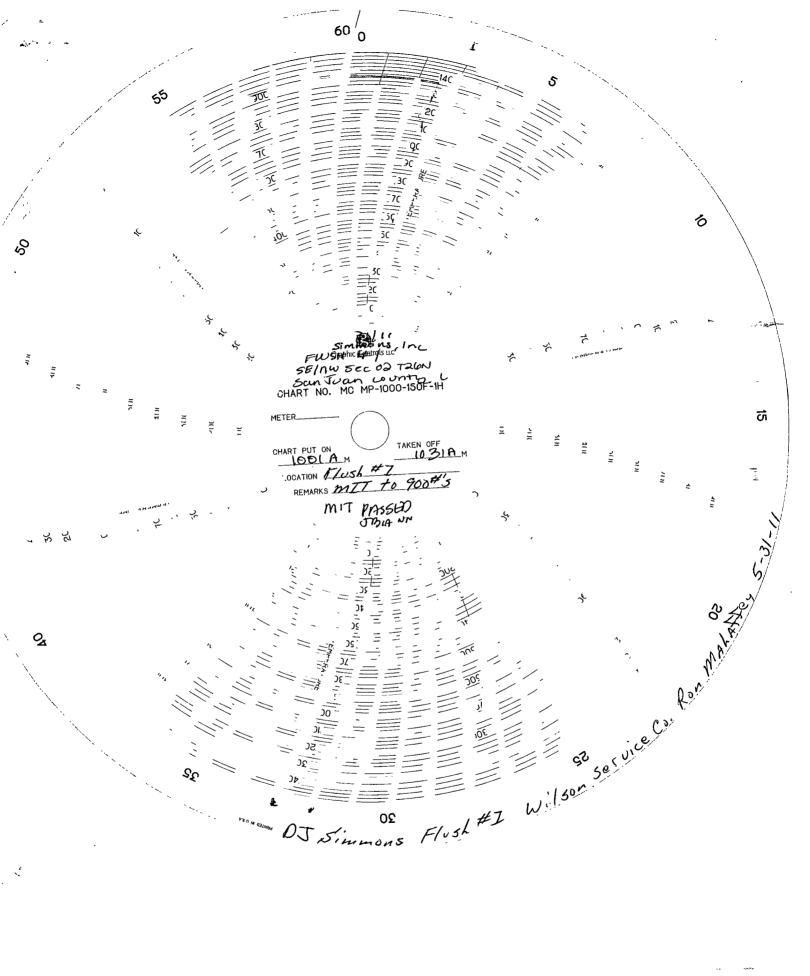
Date

Inspector

P / / The semantive

5/31/11

Jean Pain



ANNULAR PRESSURE TEST (Mechanical Integrity Test)

Operator DJ Simmons		Date of Tes	t 053111			
Well Name SWO Pust	7#1		EPA Permit No			
Location SE/NW Secon-			se No. E-9707			
State and County New Me			•			
			\mathcal{L}			
Continuous Recorder? YES NO D Pressure Gauge? YES NO D Fluid Flow? YES NO D						
Bradenhead Opened? YES 💆 NO		uid Flow? YES L	I NO AL			
TIME	ANNULUS PRESSURE, psi		TUBING PRESSURE, psi			
10:01	990	6-1000) 870	(0-5000)			
10:00	980	810	——————————————————————————————————————			
10.11	900	<i>980</i>	\not			
10:16	910	880	d			
	910	880				
10:21	110		.————			
10:26	910	880	\mathscr{A}			
10:31	7.10	880	· S S S S S S S S S S S S S S S S S S S			
And the second s		36. ·				
MAX. INJECTION PRESSURE:	830	PSI				
MAX. ALLOWABLE PRESSURE CHANGE: 43.5 PSI (TEST PRESSURE X 0.05)						
REMARKS: Passed? Failed? If fa	ailed, cease inje	ection until well pa	sses MIT $(40CFR\$144.21(c)(6))$.			
- MIT passed - well SI for te			011 CONS. DIV. DIST. 3			
- well SI for te	87		OIL CONS. DIV. DIST. 3			
			EGISOSEI SI TONCHIA			
Yan C. Thord PAUL C. THOM 750N 5/31/11 COMPANY REPRESENTATIVE: (Print and Sign) DATE						
Jean Bry Kan Jes 2531/11						
INSPECTOR: (Print and Sign)			DATE			

