Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

| UNITED STATES  DEPARTMENT OF THE INTERIOR   | 5. LEASE SF-079139A  |
|---|--|
| GEOLOGICAL SURVEY   | 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   | 7. UNIT AGREEMENT NAME   |
| reservoir. Use Form 9–331–C for such proposals.)  | 8. FARM OR LEASE NAME Warren   |
| 1. oil gas well to other  2. NAME OF OPERATOR   | 9. WELL NO. 7  |
| SIMS OIL COMPANY, INC.  | 10. FIELD OR WILDCAT NAME  |
| 3. ADDRESS OF OPERATOR  BOX 1097, FARMINGTON, N. M.   | Ballard Pictured Cliffs  11. SEC., T., R., M., OR BLK. AND SURVEY OR  AREA C   |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1810' FSL & 790' FEL Sec. 26, 25N,6W AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  | Sec. 26, T25N, R6W  12. COUNTY OR PARISH 13. STATE Ric Arriba N. M.  14. API NO.  30-039-23058                           |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   | 15 ELEVATIONS COHOM DE KOR AND WO  |
| REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)  Uperator Name Change  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS Clearly statincluding estimated date of starting any proposed work well is a measured and true vertical depths for all markers and zones pertine | Report results of multiple completion or zone change on form 9-330.)  OLOGICAL N. M. |
|   |  |
| Change name of operator from Kimbell C  | 0:1 Co. to   |
| Sims Oil Co., Inc effective 4-1-83  | on con Edu   |

| Subsurface Safety Valve: Manu. and Type   |                   |
|---|-------------------|
| 18. I hereby certify that the foregoing is true and correct                               |                   |
| 18. I hereby certify that the foregoing is true and correct sieved.  Title A. Clement, Ag | zent DATE 4-10-83 |
| (This space for Federal or State office   |                   |
| APPROVED BY TITLE CONDITIONS OF APPROVAL IF ANY   | DATE              |

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

JUN 23 1983



