

FORM
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OGCC RECEPTION
Receive Date:
09/10/2013
Document Number:
400479126

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100178 Contact Person: Chris Lopez
Company Name: SIMMONS, INC.* D. J. Phone: (505) 326-3753
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City: FARMINGTON State: NM Zip: 87401 Email: clopez@djsimmons.com
API #: 05 - 033 - 06066 - 00 Facility ID: _____ Location ID: _____
Facility Name: FEDERAL 33-8
Sec: 8 Twp: 39N Range: 19W QtrQtr: SWSE Lat: 37.649867 Long: -108.962630

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE
Test Date: 09/17/2013 Time: 10:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.
Print Name: Chris S. Lopez Email: clopez@djsimmons.com
Signature: Chris S. Lopez Title: Regulatory Specialist Date: 09/10/2013