

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Noel Reynolds

3. ADDRESS OF OPERATOR
Co Box 356 Flora Vista N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1670' N and 1014' E, EL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: *353'*

5. LEASE
SF 081171A A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
S. SAN LUIS NW

9. WELL NO.
DARLA 1

10. FIELD OR WILDCAT NAME
C

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
H33 L8N 3W

12. COUNTY OR PARISH | 13. STATE
SANDOVAL | N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6,603 gL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

*Will move rig from Darla 16 to Darla 1
Clean out. Possibly set liners. Put on production.
work to begin 10-20-96*

RECEIVED
OCT 22 1990
OIL CON. DIV.
Set @
DIST. 3

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED *Noel Reynolds* TITLE *operator* DATE *10-12-90*

APPROVED BY *Shirley Mundy* (This space for Federal or State office use) TITLE *AREA MANAGER* DATE *OCT 17 1990*
CONDITIONS OF APPROVAL, IF ANY: *BIO PUERCO RESOURCE AREA*

NMOCD