

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SFO 81171A

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.)

7. UNIT AGREEMENT NAME

4.

8. FARM OR LEASE NAME

S. SAN LUIS - MESAVERDE

9. WELL NO.

1 HARVEY

10. FIELD AND POOL, OR WILDCAT

S. SAN LUIS.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33-18N-3W

12. COUNTY OR PARISH 13. STATE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

NOEL REYNOLDS

3. ADDRESS OF OPERATOR

Box 356 FLORA VISTA, N. M. 87415

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' E - 10 1/4 W
1980 N

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

WE DONT HAVE COPY OF APPLICATION TO DRILL, SURVEY PLAT,
TO PROVIDE INFORMATION AS TO ELEVATIONS, ETC.
MOVED IN WORKOVER RIG. CLEANED OUT HOLE.
PUT WELL ON PUMP. PUMPING AT RATE OF APPROX. 1 BBL PER DAY.
10-12-80



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

SIGNED

Noel Reynolds

TITLE

operator

DATE

3-10-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FARMINGTON DISTRICT
BY M. L. Kuchera

*See Instructions on Reverse Side