

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

Box 356 FLORAVISTA, N.M. 87415

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1155 S.L. and 2475 W.L.

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: 926' Plugged back to 800'

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☒ABANDON* ☐(other) ☐

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐

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.)*

Moved in Rig on May 12, 1989 - Ran bailer to 746' -
Encountered water and oil. Baled 3 hours on May 13, 1989
Good show of oil and gas. Geologist consulted old records.
Discovered the zone 720' to 735' - looks favorable on log to
production. Plan to perforate and test. Work to commence
by 6-19-89.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

Noel Reynolds

TITLE

operator

DATE

5-16-89

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

ACCEPTED FOR RECORD

MAY 23 1989

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY