

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, FLORA VISTA, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2297' FNL AND 1154' FEL.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 450'

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 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) STATUS: <u>Temporary Abandoned</u>	

5. LEASE
SF 081171 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
A

8. FARM OR LEASE NAME
S. SAN LUIS

9. WELL NO.
DARLA # 3

10. FIELD OR WILDCAT NAME
So San Luis No

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
33 18N 3W

12. COUNTY OR PARISH
SANDOVAL

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6,461'

(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.)*

THIS WELL TO BE USED IN WATER FLOOD.

* REQUEST PERMISSION TO TEMPORARILY ABANDON
Approved subject to well being shut-in at the surface.

N.M.O.C.C. Lists THIS WELL AS E.K.#3.

This Approval Or Temporary
Abandonment Expires 5-5-83

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 4-23-82

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

APPROVED
MAY 05 1982
For JAMES F. SIMS
DISTRICT ENGINEER

AS AMENDED

*See Instructions on Reverse Side

NMOCC

