

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. 87415

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
2297 FNL, 1154 FEL
AT SURFACE:
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Status , Temporary Abandoned

5. LEASE
NM 081171-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South San Luis Mesaverde

9. WELL NO.
Darla #3

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33 T18N, R3W

12. COUNTY OR PARISH Sandoval 13. STATE N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6461GR

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

OIL CON. DIV. 1
DIST. 3

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.)*

Request permission to leave this well in it's present status for 1 year , We believe it to be useful in our water flood project.

Final extension

This Approval Or Temporary
Abandonment Expires 5-5-84

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 10-10-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED

*See Instructions on Reverse Side

NMOCC

OCT 20 1983
M. MILLENBACH
AREA MANAGER