

Form Approved.
Budget Bureau No. 42-R1424

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
Box 356
3. ADDRESS OF OPERATOR Flora Vista, NM 87415
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2297' F.N.L. AND 1154' F.E.L.
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:

- | | |
|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> |
| (other) _____ | |

SUBSEQUENT REPORT OF:

- □ □ □ □ □ □

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MAR 31 1986

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
S.F. 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. ELEVATION OR WILDCAT NAME
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
33 18N 3W
12. COUNTY OR PARISH | 13. STATE
SANDOVAL | N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6,461' g.L.

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.)*

Plan to PQA by filling casing from TD to surface with
Cement, erect dry hole marker rehabilitated location.
anticipate plugging by Aug 1, 1986

Subsurface Safety Valve: Manu. and Type

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

SIGNED Noel Keynolds TITLE operator DATE 3-31-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

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NMOCC

*See Instructions on Reverse Side

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APR 04 1986

APR 04 1986
OIL CON. DIV.
DIST. 3

~~Set @~~ ~~APPROVED~~ Ft.

Set @ APPROVED Ft.
3-31-86
APR 01 1986
John S. Keller
FARMINGTON POLICE AREA