UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	S. F. 081171 K
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	-
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil G gas G	S. SAN LUIS
well description other	9. WELL NO.
2. NAME OF OPERATOR NOEL REYNOLDS	ANNIY
Box 356	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Flora Vista, NM 87415	
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA
AT SURFACE: 60 F.N.L. AND 1980 F.W.L.	3 3 1 8 N 3 W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	
AT TOTAL DEPTH: 3,382'	JAN DOVAL N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6,459'a,L.
	7
FRACTURE TREAT	11/0-
SHOOT OR ACIDIZE	IVED
PULL OR ALTER CASING MAR 31	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	1986 Sharpe on Form 9-330.5
(other) Plus back and Lest meneles were so	ANAGEMENT
	THEA
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di 	e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and
Plan to plug back and test meneble as	follows set Blug from
3132 h 3032 (Eakola) May from 2	123 4 2023) Salleys)
Plus from 1007 to 907 (Point Svokout) 9,2 It mud between Plug
I t lost manefel it Productive	well set Production 4/2
tising and complete it not prod	I have the 1986
	kover by aug 1, 1986.
	EGEIVEM
Subsurface Safety Valve: Manu. and Type	ADD COLLEGE STATE OF THE STATE
18. I hereby certify that the foregoing is true and correct	APR 0 4 1986
SIGNED Mosel Reynolds TITLE operator	CQN BIX3/ /86
(This space for Federal or State office	DIST. 3 '
	APR Q 1 1985
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE STATE
	July July 1
A >	to the second se
er h	