

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
P.O.Box 356 Flora Vista, N.M.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FNL, 1980 FWL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 checked="" type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE SF-081171-K
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
ANN
9. WELL NO. 14
10. FIELD OR WILDCAT NAME
South San Luis
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33, T18 N R3W
12. COUNTY OR PARISH
Sandoval
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6459' GL.

(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.)*

Ran 2/3#8 Tubing to 98' filled to surface with cement
Removed tubing, set dry hole marker, cleaned location, filled pit. ready for seeding and inspection.

Plan to drill substitute hole, commencing by Sept. 15, 1987
New hole to be 50' East of this location

Approved as to proposed operations and
Liability under bond if proposed well
surface restoration is completed.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Noel Reynolds TITLE Operator DATE _____

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

RECEIVED

AUG 27 1987

OIL CON. DIV.
NMOCC DIST. 3

Set @ _____ Ft.
APPROVED
AUG 24 1987
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side