Form 9-331 Dec. 1973

## UNITED STATES

/	Form Approved. Budget Bureau No. 42-R1424
5. LEASE S.F. 08	1171 K
6. IF INDIAN, ALL	OTTEE OR TRIBE NAME
7. UNIT AGREEM	ENT NAME
8. FARM OR LEAS	E NAME
S. SAN	Luis,
9. WELL NO.	1

DEPARTMENT OF THE INTERIOR	5.5.081111
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SORVE	
DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
eservoir. Use Form 3-331-0 101 30011 proposedy	S. SAN LILIS.
1. oil gas	9. WELL NO.
well well other	NAME 17
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
NOEL REYNOLDS	10. FIELD OR WILDON NAME
3 ADDRESS OF OPERATOR \	AL OSO T D M OD DLK AND SUDVEY OR
R - 251 FLARA VISTA, N. M. 87415	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	
below.)	3 3 /8 N 3 W
AT SURFACE: 621 F.N.L. AND 1988 F.E.L.	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	SANDOVAL N.M.
AT TOTAL DEPTH: 375'	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6,404 q.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT   RECEIV	VFD
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL	change on Form 9-330.)
PULL OR ALTER CASING H MAR 31	1986
MULTIPLE COMPLETE	
ABANDON* IXI   BUREAU OF LAND	MANAGEMENT
(other) FARMINGTON RES	OURCE AREA
	to all pertinent details, and give pertinent dates,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is including estimated date of starting any proposed work. If well is	directionally drilled, give subsurface locations and
including estimated date of starting any proposed work. If the measured and true vertical depths for all markers and zones pertine	ent to this work.)*
Plan to PA a by filling care with consult. Exect dry hale me	4 / / / / / / / / / / / / / / / / / / /
at A DAG I Lilling Can	ing from TD. h Deubler
Plan to 7 4 Vy July	
& E and down my	cukes as litite lectule
with Cervent. Inch	i, racional
anticipate Plugging by any (- "	986 DEDE.
Cutificate Plugging by any (-1	WEGEINER
inange 1	
	100-
	APR 0 4 1386
	OIL CON DO.
	O'L CON. DIV
	DIST 3
	COAL COAL COAL COAL COAL COAL COAL COAL
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct	5 31- 00
SIGNED Mad Rennalde TITLE Operal	DATE 3-31-86
Sidiles	office use) APP 0 - 1000
(This space for Federal or State	office use) A 10 1 1986
TITLE	DATE To his Reller
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL, IF ANY:	Francisco de especial de