

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SE 081171A

6. IF INDIAN, ALLOTTEE OR TRIBE 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	H
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
NOEL REYNOLDS	SAN LUIS MESAVERDE
Box 356 F	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	EK16
1964 N.E. 1765/N	10. FIELD AND POOL, OR WILDCAT
1158 E.L. 1001/E	S. SAN LUIS
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	H 33 18N 3W
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH
6448 ga.	SANDOVAL
	13. STATE
	N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)*

MOVED IN WORKOVER RIG. CLEANOUT HOLE. 10-10-79
RAN TUBING AND RODS. Put WELL ON pump.
Pumping at RATE of APPROX. 1 BBL PER day.
NEW FLOW LINES TO TANK BATTERY.



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

SIGNED <u>Noel Reynolds</u>	TITLE <u>operator</u>	DATE <u>3-10-80</u>
(This space for Federal or State office use)		

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APR 14 1980

FARMINGTON DISTRICT
BY McL Kuchera

*See Instructions on Reverse Side