5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	SF-U81171-K
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	
TTOOTO 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 reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
reservoir. Use form 9-331-C for such proposes,	Ann Injection & Span
1. oil gas other Injection	9. WELL NO. 2005 1 2 2 2 2
Well	#1 2 4 5 5 6 6
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Noel Reynolds	So, San Luis - Oil-
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P.O.Box 356 Flora Vista, N.M.	sec. 33 Tibn R3W,
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See Space 17	Sec. 33 TION KJA,
below.) AT SURFACE: 750' FNL 430' FEL Sec33	12. COUNTY OR PARISH 13. STATE
AT SURFACE: / JULIA 13 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sandoval New Mexico
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER DATA	6511 GR F
PEOUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
REQUEST FOR MATTER TO	
TEST WATER SHUT-OFF	그 그 그 그는 그는 사람들이 함께 함께 함께 함께 하는 것이 없다.
FRACTURE TREAT	B F o F F S F F F
REPAIR WELL	(NOTE: Report result of religipte comply yout zen change on Form 9-330.) 日常是一个
PULL OR ALTER CASING	이 하면 되고 되는 이 없는 것이 없다.
MULTIPLE COMPLETE	ETFLUN 13 1984 3 - 1
CHANGE ZONES	50RE 30 E 20
ABANDON*	Previous APDINGION RESQUECE AREA
(other) Request Extension For o Months on	TYPE FORT P
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.)	directionally drilled, give subsurface locations and ent to this work.)*
12/	128/89 [4]
extended to 12/28/84	
# JUN 1 9 1884 워플루트를 볼록 다톨릭	
지수는 사람들은 사람들이 가장 그는 사람들이 가장 그들은 사람들이 가장 그들은 사람들이 가장 그를 받는 것이 되었다.	
OIL CON. D	Maria de la companya
W" \ 0.5 " B	
DIST. 3	
Subsurface Safety Valve: Manu. and Type	
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct	
Subsurface Safety Valve: Manu. and Type	
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TOOL Reynolds TITLE Operator	Set @ 00 0 0 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type	Set @ 00 0 0 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TOOL Reynolds TITLE Operator (This space for Federal or State	Set @ 00 0 0 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Tall Regnald: (This space for Federal or State	Set @ 17 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TOOL Reynolds TITLE Operator (This space for Federal or State	Set @ 17 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Tall Regnald: (This space for Federal or State	Set @ 17 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Tall Regnalds (This space for Federal or State APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	office use) DATE DATE
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Tall Regnald: (This space for Federal or State	office use) DATE DATE
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Reynolds TITLE Operator (This space for Federal or State APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	office use) DATE DATE
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Tall Regnalds (This space for Federal or State APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	office use) DATE DATE

MOCC