

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  
Box 356 FLORAVISTA, N.M. 87415

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL + 2030 F WL.  
AT TOP PROD. INTERVAL: MENAFEE.  
AT TOTAL DEPTH: 605'

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 type="checkbox"/>
(other) CHANGE of PLANS.			

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.)\*

Request permission to Set 30' of 7" casing at surface in lieu of 60' approved on AP dated 6-24-81. (Temporary agreement given per telephone Dec. 1987 By Farmington BLM office.)

RECEIVED  
FEDERAL BUREAU OF  
OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Noel Reynolds TITLE operator DATE 12-20-81

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE [Signature] DATE 1/22/88  
CONDITIONS OF APPROVAL, IF ANY: [Signature]

\*See Instructions on Reverse Side

NMOC D

SE

5. LEASE  
82-081171 K

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.  
ANN 19

10. FIELD OR WILDCAT NAME  
SOUTH SAN LUIS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
33-T18-N-R3W

12. COUNTY OR PARISH | 13. STATE  
SANDOVAL | N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6459 GR.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Dr