

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 FLORA VISTA, N.M. 87415

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL and 2039' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: 33 618'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) — PA

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

SF 081171 K

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

S. SAN Luis

9. WELL NO.

ANN 19.

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33 T18 3W

12. COUNTY OR PARISH

SANDOVAL

13. STATE

N.M.

14. API NO.

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

6,459 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.)*

Request Permission to plug and abandon as of 5-9-89 -
approved 5-13-89. Because of bad weather and other
circumstances was unable to plug at that date.
Will have equipment on location by June 1, 1990 -

RECEIVED

JAN 23 1990

OIL CON. DIV.

Subsurface Safety Valve: Manu. and Type DIST. 3

Set @ _____ Ft.

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

SIGNED Noel Reynolds

TITLE Operator

DATE 1-4-90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office use)

AREA MANAGER

TITLE RIO PUERTO RESOURCE AREA

DATE

JAN 16 1990

The well must be plugged by June 1, 1990. No further extensions will be granted.
Notify this office 24 hours prior to commencing plugging operations.

*See Instructions on Reverse Side

NMOCD