## **UNITED STATES** DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Budget Bureau No. 42-R1424
5. LEASE SF \$2. 081160 F
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
SAN LUIS FEDERAL  9. WELL NO.
10. FIELD OR WILDCAT NAME
MESA VERDE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
J 21-18N. 3W
12. COUNTY OR PARISH 13. STATE  SANDOVAL N.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.) gas well 🔯 other well 2. NAME OF OPERATOR NOEL REYNA | & S 3. ADDRESS OF OPERATOR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 AT SURFACE: 1810' FSL - 1620 FE L AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 625 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* (other) CONIP/FTE 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.)\* PROPOSE TO COMPLETE
Request Lermission to complete by OCT 3 1 11990 OIL CON. DIV.

Subsurface Safety Valve: Manu. and Ty	pe	Set @ Ft.
18. I hereby certify that the foregoing is	s true and correct	DATE 10-12-90
	(This space for Federal or State off	ice use)
APPROVED BY	NMOCH	DATE

\*See Instructions on Reverse Side

Kan Townsend

FOR FARM