UNITED STATES DEPARTMENT OF THE INTERIOR

| 5. LEASE SF 081171 K | |
|--------------------------------------|---|
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | - |

| DELYKLIMENT OF THE INTERNAL | C IT INDIAN ALLOTTEE OD TOIDE NAME |
|--|--|
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| (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.) | O FARM OR LEASE NAME |
| reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME S. SAN LUIS |
| 1. oil gas other other | 9. WELL NO. |
| 2. NAME OF OPERATOR | ANN #9 |
| NOEL REYNOLDS | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | So San Luis mo |
| Box 356. FLORA Vista, N.M. 87415 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| • •/NF | 33 /8N 3W |
| below.) AT SURFACE: /30/ F.N.L. Ano 824 F.E. L. | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | SANDOVAL N.M. |
| AT TOTAL DEPTH: 550' | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | TE ELEVATIONS (SHOW DE KDR AND WD) |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 1-0,717 g1. |
| TEST WATER SHUT-OFF | Ĵ / |
| FRACTURE TREAT | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone phange on Form 9–330.) |
| PULL OR ALTER CASING | ا المنظمة المرين المنظمة المرين المنظمة المرين المنظمة المرين المنظمة المرين المنظمة المنظمة المنظمة المنظمة ا |
| MULTIPLE COMPLETE | I M. |
| CHANGE ZONES ABANDON• | |
| (other) NAME CHANGE - Temporary Abando | ned |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine REQUEST NAME CHANGE FROM DARKA # 9 7 REQUEST PERMISSION TO BE USE N.M.O.C.C. Lists This WELL AS E Approved subject to well being S | TO ANN#9, ETTECTIVE 4-1-82 FOIN WATERTLOOD. K#9. |
| This Approval Or Temporary Abandonment Expires 5-5-83 | |
| | Set @ Ft. |
| Subsurface Safety Valve: Manu. and Type | |
| 18. I hereby certify that the foregoing is true and correct | 7 |
| SIGNED Mark Regnalds TITLE Operate | 1 DATE 4-23-82 |
| APPROVED APPROVED TITLE | office use) |
| CONDITIONS OF APPAGE FAM CLE | |

AS AMENDED

JAMES F. SIMS DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC