UNITED STATES

budget bureau No. 42-R1424
5. LEASE
S.E.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 6
10. FIELD OR WILDCAT NAME
11. SEC., T., R., M., OR BLK. AND SURVEY OF 33 18N 3 W
12. COUNTY OR PARISH 13. STATE
SANDOVAL N.M.
14. API NO.
15. FLEVATIONS (SHOW DE KOR AND WO

DEPARTMENT OF THE INTERIOR	S.F.081171 K
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE 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.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	
1. oil gas other	S. SAN Luis
Well Well Other	9. WELL NO.
2. NAME OF OPERATOR NOEL REYNOLDS	ANN 6
Box 356 Flora Vista, NM 87415	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	33 18N 3 W
AT SURFACE: 694 FN.L. AND 667 F.E.L.	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	SANDOVAL N.M.
AT TOTAL DEPTH: 338'	_ 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
ALLEGE TO ALLEGE TO ALLEGE TO ALLEGE TO ALLEGE TO ALLEGE TO ALL ALLEGE TO ALL ALLEGE TO ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	6,503 q.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	Q.
FRACTURE TREAT RECEIV	YED.
OLICOTI OR ACIDITE	-
REPAIR WELL	986 (NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR ALTER CASING MAR 311	986 change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES BUREAU OF LAND MA	
ABANDON* Gother) FARMINGTON RESO	URCE AREA
(Other) y seasy	
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	directionally drilled, give subsurface locations and
we do not plan to Play this	well at this lime
measured and true vertical depths for all markers and zones pertine we do not plan the Play this well we plan to utilize this well	in our Waterblood operate
it well in confull usefull	on by aug 1, 1986
it well is wortall usefull	after Waterflood Project
is completed, we wall regul	to PA a.

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct (This space for Federal or State office use) APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: DATE