

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>                               | 5. LEASE<br>SF-081160-F                                       |
| 2. NAME OF OPERATOR<br>Noel Reynolds   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                          |
| 3. ADDRESS OF OPERATOR<br>PO Box 356 Flora Vista, NM   | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)<br>AT SURFACE: 16 7/8 + 17 1/2<br>AT TOP PROD. INTERVAL:<br>AT TOTAL DEPTH: | 8. FARM OR LEASE NAME<br>SAN LUIS FEDERAL                     |
|  | 9. WELL NO.<br>13   |
|  | 10. FIELD OR WILDCAT NAME<br>San Luis Mesquero                |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>21-18N-3W |
|  | 12. COUNTY OR PARISH<br>SANDOVAL                              |
|  | 13. STATE<br>N.M.   |
|  | 14. API NO.   |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>6684 GL              |

| 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) RE WORK <input type="checkbox"/>      | <input type="checkbox"/> |

(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.)\*

DUE TO SUB ZERO WEATHER UNABLE TO WORK  
REQUEST PERMISSION TO EXTEND TO 3-1-89

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 1-12-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

JAN 18 1989  
James E. Edwards Jr.  
FARMINGTON, NEW MEXICO