

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.)
1986' FNL, 649' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 410'

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

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) Status Temporary Abandon	

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.)*

On 12/8/81 dug 4' deep, 20' Long, and 8' wide, Unable to locate surface casing.

Request permission to leave well in it's present status.
Possably when the water flood reaches this area, the hole can be located and plugged.

Final extension

This Approval Or Temporary
Abandonment Expires 5-5-84

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 10-10-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

**APPROVED
AS AMENDED**

*See Instructions on Reverse Side

NMOCC

OCT 20 1983
R. Bingham
M. MILLENBACH
AREA MANAGER
Acting