

ACTIVITIES  
GEOLOGICAL

SF 081171 K

NOTICE OF COMPLETION

(Do not use this form for proposals to drill or to re-enter a well. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐  
2. NAME OF OPERATOR NOEL REYNOLDS  
Box 355  
3. ADDRESS OF OPERATOR Florida Vicksburg, MS

4. LOCATION OF WELL (REPORT LOCATION CLEARLY on page 17 below.)  
AT SURFACE: 326' F.N.L. AND 1' F.N.L.  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 1010'

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

REQUEST FOR APPROVAL TO:  
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) ☐

SUBSEQUENT WORK OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☒  
☐

WELL NAME

8. FIELD OR LEASE NAME  
S. SAN LUIS

9. WELL NO.

ANN 1

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY AREA

33 18N 3W

12. COUNTY OR PARISH 13. STATE

SANDOVAL N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6,604' g.L.

(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.)\*

Plugged and abandoned by filling hole from TD to surface with 28 sacks regular cement. Erected dry hole marker and clear location. Ready for inspection. Date Compl 12-17-1986.

ILLECIBLE

RECEIVED

JAN 09 1987

Subsurface Safety Valve: Manu. and Type

OIL CON. DIV.  
DIST. 3

Set @

18. I hereby certify that the foregoing is true and correct.

SIGNED

Noel Reynolds

TITLE

operator

DATE

1-5-87

(This space reserved for State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

John Skella

\*See back of form for Reverse Side

NMOCG

DEPARTMENT OF  
GEOLOGICAL SURVEY

SF 081171 K  
LETTER OR TELETYPE

**SUNDRY NOTICES AND REQUESTS**

(Do not use this form for proposals to drill or to deepen a reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR NOEL REYNOLDS  
Box 355

3. ADDRESS OF OPERATOR Flora Vista, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 326' F.N.L. AND 1000' F.E.L.

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: 1010'

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☒

(other) ☐

SUBSEQUENT REPORT OF:

☐

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☐

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☒

7. FARM OR LEASE NAME

8. FARM OR LEASE NAME

S. SAN LUIS

9. WELL NO.

ANN 1

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33 18N 3W

12. COUNTY OR PARISH 13. STATE

SANDOVAL

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6,604' g.L.

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OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type

Set @

18. I hereby certify that the foregoing is true and correct

SIGNED

Noel Reynolds

TITLE

Operator

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See instructions on Reverse Side

NMOCC

Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

