Form 9-331
Dec. 1973

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.)

Form Approved.
Budget Bureau No. 42-R1424

5. LEASE SF081171-K

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South San Luis Mesa Verde

9. WELL NO.
Ann #2

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33 T18N, R3W

12. COUNTY OR PARISH Sandoval **13. STATE** N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6387 GL

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.)
AT SURFACE: 354'FNL, 420 FEL.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 550'

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

(other) Status Temporary Abandoned

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL CON. DIV.
DIST. 3

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.)*

Request Permission to leave well in it's present status for 1 year, As we believe lt to be useful in our water flood project.

Final extension

This Approval Or Temporary 5-5-84
Abandonment Expires _____

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

OCT 20 1983
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC