

MENT OF
GEOLOGICAL SURVEY

S.F. 081171 K

OR TRIBE NAME

SUNDRY NOTICES AND REPORTS

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

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR **NOEL REYNOLDS**
Box 356
3. ADDRESS OF OPERATOR **Flora Vista, NM 87415**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See page 17 below.)
AT SURFACE: **354' ENL. AND 420' F.E.L.**
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:

- 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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RECEIVED

JAN 07 1987

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

BUREAU OF LAND MANAGEMENT

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS **FARMINGTON AREA** 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 using 15 sacks regular cement. Erected dry hole marker, cleaned location, ready for inspection. Date Completed

12-17-1986

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JAN 09 1987

OIL CON. DIV.

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

Subsurface Safety Valve: Manu. and Type **DIST. 3**

Set @ _____ Ft.

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

SIGNED *Noel Reynolds* TITLE *operator* DATE *1-5-87*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED

JAN 06 1987
[Signature]
AREA MANAGER
FARMINGTON RESOURCES

*See Instruction on Reverse Side

NMOCC