

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS

(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  
Neal Reynolds

3. ADDRESS OF OPERATOR  
Box 356 FLORA VISTA, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY below.)  
AT SURFACE: 621' F.N.L., 1988'  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 375'

16. CHECK APPROPRIATE BOX TO INDICATE WHETHER THIS IS A PRODUCTION REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT TO:
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(other)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, 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 38 sacks regular cement. Entered by hole marker and cleaned location. Ready for production. Date Completed 12-17-1986.*

**ILLEGIBLE**

Subsurface Safety Valve: Manu. and Type

13. I hereby certify that the foregoing is true:  
Neal Reynolds operator

NMOCC

LEASE  
B.F. 081171K

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

TRACT OR LEASE NAME  
SAN LUIS

WELL NO.  
ANN 17

FIELD OR WILDCAT NAME

T. R., M., OR BLK. AND SURVEY OR

18N 3W

COUNTY OR PARISH | 13. STATE  
DOVAL | N.M.

SECTION NO.

ELEVATIONS (SHOW DF, KDB, AND WD)  
9L.

RECEIVED  
JAN 07 1987

BUREAU OF LAND MANAGEMENT  
FURNISH 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.\*

Approved by \_\_\_\_\_ and \_\_\_\_\_  
Licensed Professional Geologist  
surface subsurface as completed.

Set @ 3:30 P.

1-5-87

*John Skellin*