

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
Bx 356, Flora Vista, N. M. 87415
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL, 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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"/>
FRACATURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input checked="" 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 checked="" type="checkbox"/>
(other)			

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.)*

Ran tubing to 1000' with packer. Swab tested, recovered fresh water at rate of 7 gal per min. Removed tubing & packer. Shut well in. ~~Made application to release well to B.L.M. for domestic water supply.~~

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 October 7, 1980

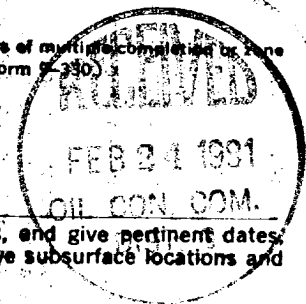
(This space for Federal or State office use)

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

DATE

5. LEASE N. M. 11446	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Krivokapich	
9. WELL NO. Bosko #1	
10. FIELD OR WILDCAT NAME Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11 T16N R4W	
12. COUNTY OR PARISH Sandoval	13. STATE N. M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6007 GR	

(NOTE: Report results of multiple completions by same change on Form 9-330.)



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