UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Form Approved.
,	Budget Bureau No. 42-R1424
	5. LEASE
	S.782-081160 F
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
ent	
	8. FARM OR LEASE NAME
	SAN LUIS FEDERAL
	9. WELL NO.
	FORREON 18
	16. FIELD OR WILDCAT NAME
	MESAVERDE
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	AREA 5 # 8
1,	21 18N 3W
	12. COUNTY OR PARISH 13. STATE
	SAND OVAL N. M.
	14. API NO. 6.4.1.
CE,	
,	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6,689 GR
	1 4 4 3 B
	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
	to all partinent details, and give partinent dates
sta is	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and
tine	int to this work.)* 「異点点法」 「 美元文艺
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er	telephone JULI 4 1988
	1.1987. OH CO 1988
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	Die: UIV
	DIST. 3 DIV.
_	Set @ Ft.
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SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
	SAN LINS FEDERAL
1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR	YORREON 18
	10. FIELD OR WILDCAT NAME
NOEL REYNOLDS	MESAVERDE
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
BOX 356 FLORA VISTA, N.M. 87415	— l
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	21 /8N 3W
below.) AT SURFACE: 1810'51 and 16 20 FEL.	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	SANDOVAL N. M.
AT TOTAL DEPTH: 625	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6,689 GR
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES U	
ABANDON*	
(other) CHANGE OF PLANS	
Request Permission to set 30' of 7" it surgace in lieu of 60' approve 180 dated 6-24-87.	a on BEGETVE
y Farmington & In office Dec.	A Television of the State of th
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of sammaton to an office Dec.	1.1987.
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	0/57. 3 -10./
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	, ***
18. I hereby certify that the foregoing is true and correct	
SIGNED TO DE REYNOLDS TITLE Coperal	107 DATE 12-20-87
(This space for Federal or State	e office use)
APPROVED TITLE OF THE PROPERTY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	
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TO THE STATE OF TH	
*See Instructions on Rever	
3 2 2 4	rse Side
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NMUCC - A SEE	rse Side