

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  
Milton & Denny Reeves  
3. ADDRESS OF OPERATOR  
P.O. Box 31 Chama, N Mex 87520  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 825 FSL 560 FEL Sec 3 T25N 1E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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:

☐ Plug Back  
☐ Set casing  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
NM 13771  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
CIDO  
9. WELL NO.  
# 1  
10. FIELD OR WILDCAT NAME  
Puerto Chiquito E Mancos  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 3 T 25 N R 1 E  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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.)\*

Water at 1450 Ft. Plugged with 50 sks cement from 1575 back to 1400 Ft. Sealed water flow.

Set 1120 Ft of 5 1/2 in 15.50 lb casing and circulated 140 sks cement to surface.

Requesting permission to fracture treat.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Milton & Denny Reeves TITLE Oper. DATE Nov 16 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 15 1982

\*See Instructions on Reverse Side

NMOCC

PARMINGTON DISTRICT  
BY E. K. H.