

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
REEVES DRILLING & PETROLEUM CORP
3. ADDRESS OF OPERATOR
P.O. BOX 12145 Las Vegas Nev 89112
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 525 Fr S Line and 725 Fr
AT TOP PROD. INTERVAL: West Line Sec 21 T25N
AT TOTAL DEPTH: R 1 E

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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RECEIVED

MAY 22 1984

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE NM 18590	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME EDWP	
9. WELL NO. T.C. # One	
10. FIELD OR WILDCAT NAME East Puerto Chiquito	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21 T 25N R1E	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mex
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6945	

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.)*

Request permission to Plug and Abandon. Propose to Pull surface casing and fill hole with cement and erect dry hole marker. No site was prepared and no surface damage was incurred.

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OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Milton F. Reeves TITLE Pres.

DATE May 18 84

(This space for Federal or State office use)

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

DATE May 24 1984
[Signature]
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC