UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 08 1/171-K
GEOLOGICAL SURVEY	6. JE INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
1. oil gas	8. FARM OR LEASE NAME
well x well other	9. WELL NO. # 3
2. NAME OF OPERATOR	#2-Harvey (2 Torreon- A
Noel Reynolds	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	S. San Luis
Box 356 Flora Vista, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 902 NL 576 EL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33- 18N -3W
AT SURFACE: -097' FN6, 573' Fel AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Sandoval N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	6488 ' DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: LIFEST WATER SHUT-OFF [] []	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES ABANDON*	-
(other)	42
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.)* Clean out to 357 '. Ran tubing. Swabbed 4 Hrs. Ran Rods & Pump. Installed Flow line. Well pumping 1 bbl. oil per day & 1 1/2 bbl. water. NORK Completed Nov. 27.1981. However, Been having Reezing Trouble with flow Line And Are presently Burying Trouble with flow Line And Are presently	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
8. I hereby certify that the foregoing is true and correct	Set W Ft.
S. Thereby certify that the foregoing is true and correct	Control of the Contro
IGNED Description TITLE Shows to	DATE 13-7-31
(This space for Federal or State office use)	
PPROVED BY TITLE ONDITIONS OF APPROVAL, IF ANY:	DATE COLOR
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