

**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
TORREON OIL CO.

3. ADDRESS OF OPERATOR
Box 356 Flora Vista, N.M. 87415

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1155' FSL, 2475' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 926'

5. LEASE
SF 081161-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
San Luis Federal

9. WELL NO. 16

10. FIELD OR WILDCAT NAME
San Luis Mesa Verde

11. SEC., T., R., M., DR BLK. AND SURVEY OR AREA
Sec 21 T18N, R3W

12. COUNTY OR PARISH 13. STATE
Sandoval N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6650' GR

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

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

U.S. GEOLOGICAL SURVEY
FEDERAL OIL AND GAS ADMINISTRATION
FARMINGTON RESOURCE AREA

OIL CONS. DIV.
DIST. 8

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.)*

This well is temporarily abandoned and shut in at the surface. We request permission to continue this well in its present status for one year, as we plan to use it in our water flood program.

Final Extension
This ~~Approval~~ Temporary Abandonment Expires 5-20-84 20

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

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

SIGNED Neil Reynolds TITLE operator DATE 10-10-83

(This space for Federal or State office use)

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

**APPROVED
AS AMENDED**

*See Instructions on Reverse Side

NMOCC

OCT 20 1983
R. Buchanan
M. MILLENBACH
AREA MANAGER
McGraw