

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-081161-A	
2. NAME OF OPERATOR Torreon Oil Company c/o Noel Reynolds		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 356 Flora Vista, NM 87415		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with BLM requirements. See also space 17 below.) At surface 1155' FSL & 2475' FWL Section 21, T18N., R3W.		8. FARM OR LEASE NAME San Luis Federal	
14. PERMIT NO.		9. WELL NO. #16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6650' GL		10. FIELD AND POOL, OR WILDCAT Under San Luis Mesaverde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 21, T18N-R3W.	
		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Re-Completion</u>	<u>X</u>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Re-Completion</u>	<u>XX</u>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

2-13-84 Plan to re-enter this well approximately January 15, 1985, weather permitting. Well will be cleaned out, logged and possible deepened to attempt re-completion.

DEC 18 1984
OIL CON. DIV.
DIST. 3

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

SIGNED

Ed Haller

TITLE

Agent

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE December 17, 1984

DEC 14 1984

DATE
J. Stan McKee
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side