

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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"/>   | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br><i>Noel Reynolds for TORREON</i>  | 8. LEASE OR LEASE NAME<br><i>San Luis Federal</i>                    |
| 3. ADDRESS OF OPERATOR<br><i>Box 356 Flora Vista NM.</i>   | 9. WELL NO.<br><i>16</i>   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>1155 FSC 2475 FALC</i> | 10. FIELD AND POOL, OR WILDCAT                                       |
| 14. PERMIT NO. #   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>21-18N 3W</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   | 12. COUNTY OR PARISH<br><i>Sandoval</i>                              |
|  | 13. STATE<br><i>N.M.</i>   |

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) <input type="checkbox"/>             |   |

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 checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/>               |  |

(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.)\*

*Rigged up Cement Equipment - 5-20-89*

- 1. Mixed & Pumped 30 sx cement w/f 2% CaCl*
- 2. Pulled tubing to 506 let set 2 hr measured up STL cement 540' Top*
- 3. Load hole w/f 9.2 Gal TOH w/f tubing*
- 4. Run 80' tubing in hole mixed and circulated cement to surface 15 sx.*

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

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

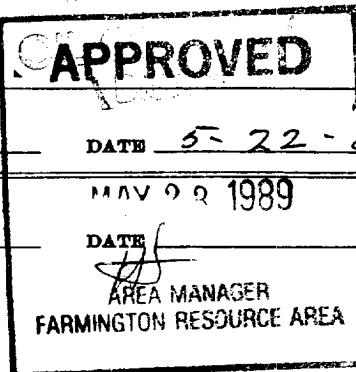
SIGNED *Noel Reynolds*

TITLE *operator*

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side