

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR NOEL REYNOLDS FOR TORREON	8. FARM OR LEASE NAME San Luis Federal
3. ADDRESS OF OPERATOR BOX 356 FLORA VISTA, NM 87415	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1670' FSL, 2309 FEL	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO. /	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-18N-3W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6663 GL	12. COUNTY OR PARISH Sandoval
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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
run tubing 728' PBTD

5-20-89

- ① mixed and Pumped 25 sx cement w/f 270 CAL
- ②. Pulled tubing to 400' let set 2 hr Run depthmeter cement top 451'
- ③ Load hole w/f 9.2" gal TOH w/f tubing
4. Run 80' tubing & circulated cement to surface 10 sx

Approved as to plugging of the well
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 _____

NMOCD

*See Instructions on Reverse Side

RECEIVED
APPROVED
DATE 5-22-89
MAY 23 1989
DATE <u>10</u>
AREA MANAGER FARMINGTON RESOURCE AREA