

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
Noel Reynolds DBA Torreon Oil Co.3. ADDRESS OF OPERATOR
Box 356 Flora Vista, N. M. 874154. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1125' FSL, 2475' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) ☐☐
☐
☐
☐
☐
☐
☐
☐
☐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.

Torreon #17 (Formerly King 1X)

10. FIELD OR WILDCAT NAME
San Luis Mesa Verde11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
T18N, R3W Sec. 2112. COUNTY OR PARISH 13. STATE
Sandoval New Mexico

14. API NO.

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

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

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.)*

Request permission to abandon above well by pumping cement from TD (945') to surface, erecting dry hole marker, clean location, level pits and reseed.

RECEIVED

OCT 2 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

APPROVED

OCT 06 1980

DISTRICT ENGINEER

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Noel Reynolds

TITLE

operator

DATE

9-10-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC