

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0554714

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. GIL WELL GAS WELL OTHER Core Test - Dry Hole

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Tennessee Oil Company

8. FARM OR LEASE NAME

Torreon Core Test

3. ADDRESS OF OPERATOR
P. O. Box 1714, Durango, Colorado

9. WELL NO.

#7

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Wildcat

910 FNL, 1190 FWL
Unit D

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 34, T-18-N, R-3-W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6466 Gr.

12. COUNTY OR PARISH 13. STATE

Sandoval New Mexico

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"/>	MURKIN/RE-CONCRETE <input type="checkbox"/>
SHOOT OR REINFORCE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

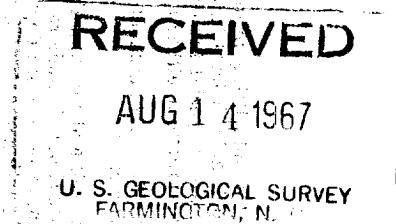
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SECURING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recore/Log Report and Log form.)

17. DESCRIBE PROPOSED OR CONTINUING OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give azimuths, locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Spud 8/4/67. Drd to 53', ran 1 jt 8-5/8" casing (20#) set @ 51'. Cmtd w/50 sx cmt. Cmt circ. WOC. Cut Core No. 1 200-250. Rec 53', sd & sh. Core #2: 252-552. Rec 29'. No shows. Core #3: 552-672. Rec 118', sd w/sptd streaks. Drd to 1150 TD on 8/7/67. Ran IES and Density logs. Rel rig 12:00 PM 8/7. Well temporarily abandoned.



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

SIGNED M. K. Wagner

TITLE _____

DATE August 10, 1967

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: