

**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
Torreon Oil Co.

3. ADDRESS OF OPERATOR
9616 Westpark Dr., Benbrook, Tx 76126

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1125' FSL
AT TOP PROD. INTERVAL: 2475' FWL
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <input type="checkbox"/>	

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.
17

10. FIELD OR WILDCAT NAME
San Luis Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
21, 18N, 3W

12. COUNTY OR PARISH Sandoval 13. STATE New Mexico

14. API NO.

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

RECEIVED
AUG 06 1982
(NOTE: Report results of multiple completion or zone change on Form 9-330)
WASHINGTON

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.)*

To report finalization of installation of 5' cement plug at ground level, erection of marker and welding in place, weather-proofing of marker with cement plug at top and ~~type of~~ orange-peel at top of marker, clean-up of location. Seeding to be completed by September 15, 1982.

RECEIVED
MAR 19 1984
OIL CON. DIV.
DIST. 3 Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Wm. R. Reed TITLE Manager DATE August 6, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

[Signature]

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. 87415

4. 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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input checked="" type="checkbox"/>
(other)			

5. LEASE <u>SF 081161-A</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <u>San Luis Federal</u>
9. WELL NO. <u>Torreon #17 (Formerly Kinglx)</u>
10. FIELD OR WILDCAT NAME <u>San Luis Mesa Verde</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Unit N T18N, R3W Sec. 21</u>
12. COUNTY OR PARISH <u>Sandoval</u>
13. STATE <u>N.M.</u>
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>6650 GR.</u>

(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.)*

Pumped 18 sx. neat cement in bottom 945' to 875' let set over night Perforated 800' unable to break circulation, Perforated 700' broke circulation, and pumped 40 sx. neat cement, filled to 360' Pumped 10 sx. at surface, erected dry hole marker, cleaned location, ready for reseeding and inspection.

RECEIVED

MAR 19 1984

OIL CON. DIV.

DIST. 3

Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Noel Reynolds TITLE operator DATE 5-14-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMCCG