

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 Water Source Well
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: 1980' FSL
AT TOP PROD. INTERVAL: 2310' FEL
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 type="checkbox"/>

(other) Designation Water Source Well

5. LEASE
SF 081160-F
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
San Luis Federal
9. WELL NO.
Water Well No. 1
10. FIELD OR WILDCAT NAME
San Luis Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
21J, 18N, 3W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.

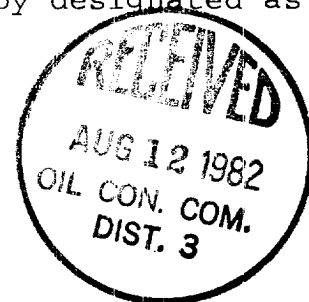
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6800' gl

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

AUG 06 1982

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.)*

San Luis Federal Water Well No. 1 is hereby designated as the Water Supply well for the waterflood.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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:

ACCEPTED FOR RECORD

AUG 11 1982

NMOCC

*See Instructions on Reverse Side

BY FARMINGTON DISTRICT