

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NMSF 081161A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

30-043-20378

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Noel Reynolds Torreon Oil Co

3. ADDRESS OF OPERATOR

PO Box 356 Flora Vista, NM 87415

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

1980' FWL, 1650' FSL, T.18N, R.3W, Sec. 21, NE1/4SW1/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6750' GL

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

San Luis Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Mesa Verde

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

T. 18N R. 3W.

Sec. 21 NE1/4SW1/4

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Install Electric Line

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

Well #1 - Will be put into production by August 1, 1999.

Note: Not returned to production.

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

SIGNED Noel Reynolds

TITLE Owner

DATE 7/1/99

(This space for Federal or State office use)

APPROVED BY 
CONDITIONS OF APPROVAL, IF ANY:

TITLE Peter E. J.

DATE 11/5/89

Submit plans for Pd A by 01-05-00

If well has not returned to production.
*See Instructions on Reverse Side