

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NMSF 081161A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

30-043-20379

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

San Luis Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

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

T. 18N R. 3W.

Sec. 21 NE1/4SW1/4

12. COUNTY OR PARISH 13. STATE

Sandavol

NM

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

Sec. 21, T18N R3W, 2278 SL, 2296' WL

14. PERMIT NO.

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

16. 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) *new tubing & rods installed*

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 pertinent to this work.)

*Pumping unit*

Well #2 - Will be used for injection in future - remains TA.

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

*BO*

TITLE

*Petro. Eng.*

DATE

11/5/99

CONDITIONS OF APPROVAL, IF ANY:

*If well has not been returned to a service use, submit plans to BtA by 01/05/00*

\*See Instructions on Reverse Side

*01/05/0000*