5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	Fed. SF 081160-F
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other Water Well	Torreon Water Well 3 5 5 5
well well other Water Well 2. NAME OF OPERATOR	9. WELL NO. 1997 1 5 8 9 9
Torreon Oil Co.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	San Luis Mesaverde
Box 356 Flora Vista N.M. 87415	11. SEC., T., R., M. OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA SET SWELLER TO SET
below.) 1980 ft.From South Line	12. COUNTY OR PARISH 13. STATE
At 101 TROB. INTERVAL.	Sandovalអន្តិគឺ N.M.១១មិ
AT TOTAL DEPTH:	14. API NO. BA GA A MATERIAL CONTRACTOR OF THE C
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15 ELEVATIONS (CHOW DE VIDE AND WE)
REPORT, OR OTHER DAIN	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	
ABANDON*	
(other) Change Name	្រ ស្គាគ្គ ១ ម៉ូនេស្ស 😜 ១ ទូសាង១ ១ ស្គីគ្នា
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates,
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface locations and
measured and true vertical depths for an markers and zones permits	Education and the second secon
Formerly Noel Reynolds Torreon Wa	ter Well #1 357 1 2125
Request imidiate change of mame	
SECTION OF THE PARTY OF THE PAR	
	MOA 1.8 JAKOBABA BAR SEBER
l vougement	
	GEOLOGICAL STUDIES
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	ကြီးများကြီးသည်။ သည် သည်။ သည်ကြားကြောင်းသည် သည် သည်။
SIGNED 2 CACH Oct CO TITLE TO The Region	ALLS DATE 10.230- 78
(This space for Federal or State office use)	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	