

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other	5. Lease Designation and Serial No. SE 081161AM 10:49
2. Name of Operator NOEL REYNOLDS D/B/A TORREN OIL COMPANY	6. If Indian, Allottee or Tribe Name 210 FARMINGTON NM
3. Address and Telephone No. 1316 JUNIPER LANE, FORT WORTH, TX 76126	7. If Unit or CA, Acreage/Designation NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FWL, 1650' FSL (NE/SW1) SEC. 21, T18N, R3W	8. Well Name and No. SAN LUIS FEDERAL #1
	9. API Well No. 30043203780051
	10. Field and Pool, or Exploratory Area SAN LUIS MESA VERDE
	11. County or Parish, State SANDOVAL, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
☒ Notice of Intent	☐ Abandonment
☐ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other VANDALISM REPAIR
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ Dispose Water

13. 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.)

SOMETIME DURING THE WEEK ENDING
8/4/07 VANDALS REMOVED ALL THE
ELECTRICAL CONTROLS AND WIRING
SHUTTING DOWN THE WELL. WE EXPECT
TO RETURN THE WELL TO SERVICE
BY OCTOBER 31, 2007.

RCVD SEP 14 '07
OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct		
Signed <u>W.H.R. REED</u>	Title <u>AGENT</u>	Date <u>8-20-07</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		