SIGNED \_

M. K. Wagner

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_\_CONDITIONS OF APPROVAL, IF ANY:

## UNITED STATES SUBMIT IN TRIPLICATE\* Other Instructions on respectively. DEPARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATE\* Other Instructions on respectively. DEPARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATE\* Other Instructions on respectively. DEPARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATE\* Other Instructions on respectively.

SUNDRY NOTICES AND REPORTS ON WELLS  (Do hat its this core of proposals to dell or to deepen or plug back to a different reservoir.  OIL
Office of proposals to drill or to deepen or plug back to a different reservoir.  Office of the proposals to drill or to deepen or plug back to a different reservoir.  Office of the proposals of the proposals of the proposals of the proposals.  NAME OF OPERATOR  Tempers of other proposals to drill or to deepen or plug back to a different reservoir.  Office of the proposals of the proposals of the proposals of the proposals.  NAME OF OPERATOR  Tempers of other proposals to drill or to deepen or plug back to a different reservoir.  Office of the proposals of the proposals of the proposals.  Office of the proposals of the proposals of the proposals.  Office of the proposals of the proposals of the proposals.  Office of the proposals of the proposals of the proposals.  Office of the proposals of the pr
OIL SEED AND OTHER  NAME OF OPERATOR  TOURCO OIL COMPANY ADDRESS OF OPERATOR  P. O. BON 1714. Durango, Colorado  LOCATION ON WITH Lifepor Total and In accordance with any State requirements.*  10. The Day And Pool, or with the State of Repair total and Pool, or within A territor of Receipts See also space IT below.)  925 FNL, 1660 FEL  Unit B  4. PERMIT NO.  16. RIEVATIONS (Show whether DP, RT, OR, etc.)  17. TOURT OR PAIRSA ID. STATE SCHOOL OF INTENTION TO:  TEST WATER SHUT-OFF PRACTURE TREAT  MULTIPLE COMPLETE  REPAIR WELL  (Other)  CHANGE PLANS  CHANGE PLANS  CHANGE PLANS  CHANGE PLANS  (Other)  COMPETED OF REPAIRING OF REATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of scartine nent to this work.)  This is a notification of name change only.
NAME OF OPERATOR  TOTRECO OIL COMPANY  ADDRESS OF OPERATOR  P. O. BOX 1714, Durango, Colorado  DOCATON OF WILL IReper tocktion clearly and in accordance with any State requirements.*  At surface  925 FNL, 1660 FEL  Unit B  4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. SOLVET OR PAISE IL SOLVET OF PAISE IL SOLVET O
NAME OF OPERATOR  TORRECO OIL COMPANY  ADDRESS OF OPERATOR  DOCATION OF WILL IMPERIOD LOCATION O
ADDRESS OF OPERATOR  D. O. BOX 1714, Durango, Colorado  LOCATION DY WILL IROPOT See also space 17 below.)  At surface  925 FNL, 1600 FEL  Unit B  4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, OR, etc.)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dc. at Notice of Intention to:  TEST WATER SHUT-OFF  PRACTURE TREAT  SHOOT OR ACIDIZE  ABANDON*  SHOOT OR ACIDIZE  ABANDON BENT OF THE OPERATOR OF CONCEPTED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of scartif proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depties for all markers and zones  This is a notification of name change only.
D. Q. Box 1714, Durango, Colorado  Location of will (Report location clearly and in accordance with any State requirements.*  925 FNL, 1660 FEL  Unit B  4. PERMIT NO.  15. BLEVATIONS (Show whether DF, RT, GR, etc.)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Docation Notice of Intention to:  TEST WATER SHUT-OFF  PRACTURE TREAT  SHOOT OF ACIDIZE  ABANDON*  REPAIR WELL  (Other)  Completion of Recompleting of Notice of Notice (Charly state all pertinent details, and give pertinent dates, including estimated date of starting nent to this work.)*  This is a notification of name change only.
925 FNL, 1660 FEL  Unit B  4. PERMIT NO.  16. ELEVATIONS (Show whether DF, RT, GR, etc.)  17. DESCRIBE SHOOT OR ACIDIZE  REPAIR WELL  (Other)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Deca  NOTICE OF INTENTION TO:  SUBSEQUENT REPERT OF:  PULL OR ALTER CASING  MATER SHUT-OFF  PRACTURE TREAT  MULTIPLE COMPLETE  REPAIR WELL  (Other)  Change Plans  (Other)  Completion or Recompletion in Pirt and Log form.  (Other)  Completion or Recompletion in Pirt and Log form.  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dept is for all markers and zones.  This is a notification of name change only.
Unit B  4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. ELEVATIONS (Show whether DF, RT, GR, etc.)  17. JOUNTY OR PASSED 13. STATE  SEE THAT OF PASSED 13. STATE  SEE THAT OF INTENTION TO:  TEST WATER SHUT-OFF  PRACTURE TREAT  SHOOT OR ACIDIZE  ABANDON*  REPAIR WELL  CHANGE PLANS  (Other)
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dana Notice of Intention to:  Test water shut-off Pull or alter casing Water shut-off Repairing well shoot or acidize Abandon*  Repair Well Change Plans (Other) Name Change (Note: Report results of multiple completion or Well Completion or Recompletion report and Log form.)  To describe proposed or completed operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of startif nent to this work.)*  This is a notification of name change only.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dana Notice of Intention to:  Test water shut-off Pull or alter casing Water shut-off Repairing well shoot or acidize Abandon*  REPAIR WELL CHANGE PLANS (Other) Name Change (Note: Report results of multiple complet on or Well Completion or Recomplection lep) et and Log form.)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting nent to this work.)*  This is a notification of name change only.
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SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  PULL OR ALTER CASING  WATER SHUT-OFF  PRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  ABANDON*  REPAIR WELL  (Other)  Change Plans  (Other)  Completion or Recompletion Described or Completion Described Water Shut-Off  (Note: Report results of multiple completion on Well  Completion or Recompletion Described Described Water Shut-Off  (Note: Report results of multiple completion on Well  Completion or Recompletion Described Described Water Shut-Off  (Note: Report results of multiple completion on Well  Completion or Recompletion Described Described Water Shut-Off  This is a notification of name change only.  This is a notification of name change only.
TEST WATER SHUT-OFF  PULL OR ALTER CASING  WATER SHUT-OFF  FRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  CHANGE PLANS  (Other)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting nent to this work.)*  This is a notification of name change only.  This is a notification of name change only.
FRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  CHANGE PLANS  CHANGE PLANS  (Other)  Completion or Recompletion deport and Log form.)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting nent to this work.)  This is a notification of name change only.  This is a notification of name change only.
SHOOT OR ACIDIZE  REPAIR WELL  CHANGE PLANS  (Other)  CHANGE PLANS  (Other)  CHANGE PLANS  (Other)  CHANGE PLANS  (Other)  Name Change  (Note: Report results of multiple completion on Well  Completion or Recompletion Lepter and Log form.)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dept is for all markers and zones.  This is a notification of name change only.
REPAIR WELL  (Other)  (Other)  (Other)  (Other)  (Note: Report results of multiple completion on Well  Completion or Recompletion Report and Log form.)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dept is for all markers and zones.  This is a notification of name change only.
(Other)  (Note: Report results of multiple completion on Weil Completion or Recompletion in Part and Log form.)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones ment to this work.)  This is a notification of name change only.
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This is a notification of name change only.
Formerly Shaw No. 1, now Florance "B" No. 2.
RECEIVED
SEP 2 8 1967
U. S. GEOLDGICAL SURVEY
. I hereby certify that the foregoing is true and correct

TITLE

DATE -