

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-8888

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 7-T20N-R2W

N. M. P. M.

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

1. OIL ☐ GAS ☒ OTHER
WELL WELL

2. NAME OF OPERATOR

L. C. Energy, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 5064, Wichita Falls, Texas 76307

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1850' FNL, 1850' FEL

14. PERMIT NO.

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

6954' GL, 6965' DF, 6966 KB

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)

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.)*

12-4-77 Spud well

T. D. 756'

Ran 18 joints, 8 5/8", 24.0 lb., K-55 casing

(744.94') set at 756.94' with 550 sacks Class "B"

cement with 3% calcium chloride and 1/4 lb. Flocele per sack.

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

SIGNED

Ewell N. Walsh, P. E.

TITLE

President, Walsh Engr. DATE 12/12/77

& Prod. Corp.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side