

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR D. E. Florance		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jic. #408
3. ADDRESS OF OPERATOR Box 1078, Farmington, New Mexico		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FMI. 2140 FEL		8. FARM OR LEASE NAME Jicarilla 408
14. PERMIT NO.		9. WELL NO. 1 Florance
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7584 CR		10. FIELD AND POOL OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20, 27N, 1W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Spudded - 11-6-68

11-6-68

Total Depth 320'.

Ran 305' 8-5/8" 36.00# Casing, set 315'. Cemented with 85 sks Class A Reg with 4% gel and 100 sks Class A Reg with 2% Calcium Chloride.

12-1-68

Total Depth 7005'.

Ran 6995' 5 1/2" 15.50# casing set at 7005'. Cemented with 150 sks 50-50 poz-mix Class C with 2% gel. Pipe tested with 1200#. Test OK.



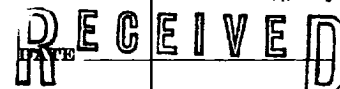
18. I hereby certify that the foregoing is true and correct

SIGNED *President, Walsh Engineering & Production Corp.* TITLE **President, Walsh Engineering & Production Corp.** DATE **July 24, 1969**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



JUL 25 1969

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.