

UNMOCC COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
6. LEASE DESIGNATION AND SERIAL NO.  
NM 14477  
7. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

MAR 16 1979

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Lawbar Petroleum, Inc. ✓		8. FARM OR LEASE NAME Samedan Federal	
3. ADDRESS OF OPERATOR 10880 Wilshire Boulevard, Suite 2005 Los Angeles, California 90024		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 860' FNL & 860' FWL, Section 17, T16S, R28E		10. FIELD AND POOL, OR WILDCAT Wildcat - San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 17, T16S, R28E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3639.2 GL		12. COUNTY OR PARISH Edley	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Surface Casing	XX

(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.)\*

Set 412' 8-5/8", 20# New surface casing. Cemented w/160 sks Class C w/2% CaCl + 200 sks Dowell Lite, Plug down @ 3:30 p.m. 3/8/79. Circulated 20 sacks to pit. Waited 18 hours and tested @ 1000# with no leakage.

RECEIVED  
MAR 12 1979  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED *B. N. Muncy*  
(This space for Federal or State office use)

TITLE Agent

DATE 3/9/79

APPROVED BY *J. D. Lara*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT ENGINEER

DATE MAR 15 1979