

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other2. NAME OF OPERATOR
ODESSA NATURAL CORP. Attn: John Strojek3. ADDRESS OF OPERATOR
P.O. Box 3908 Odessa, Texas 797604. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330'FNL, 2310'FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) See Below	

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.)*

Change Acreage Dedication

FROM: W/2, 320 Acreas, Section 9-T23N-R3W

TO: NW/4, 160 Acreas, Section 9-T23N-R3W

Subsurface Safety Valve: Manu. and Type _____ Ft.

18. I hereby certify that the foregoing is true and correct.
FOR: Odessa Natural Corp. ORIGINAL SIGNED _____ President, Walsh Engr.
SIGNED _____ Ewell N. Walsh & Prod. Corp. DATE 7/30/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS _____

TITLE _____

DATE _____

ACCEPTED FOR RECORD

NMOC

JUN 5 1980

*See Instructions on Reverse Side

BY FARMINGTON DISTRICT

5. LEASE

Contract No. 412

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chacon Jicarilla "D"9. WELL NO.
810. FIELD OR WILDCAT NAME
Chacon Dakota Associated Pool11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 9-T23N-R3W12. COUNTY OR PARISH
Rio Arriba13. STATE
N.M.14. API NO.
30-039-2198115. ELEVATIONS (SHOW DF, KDB, AND WD)
7293'GL, 7306'DF, 7307'KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
JUL 1 1980
U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

W MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-107
Supersedes C-126
Effective 1-1-5

All distances must be from the outer boundaries of the Section.

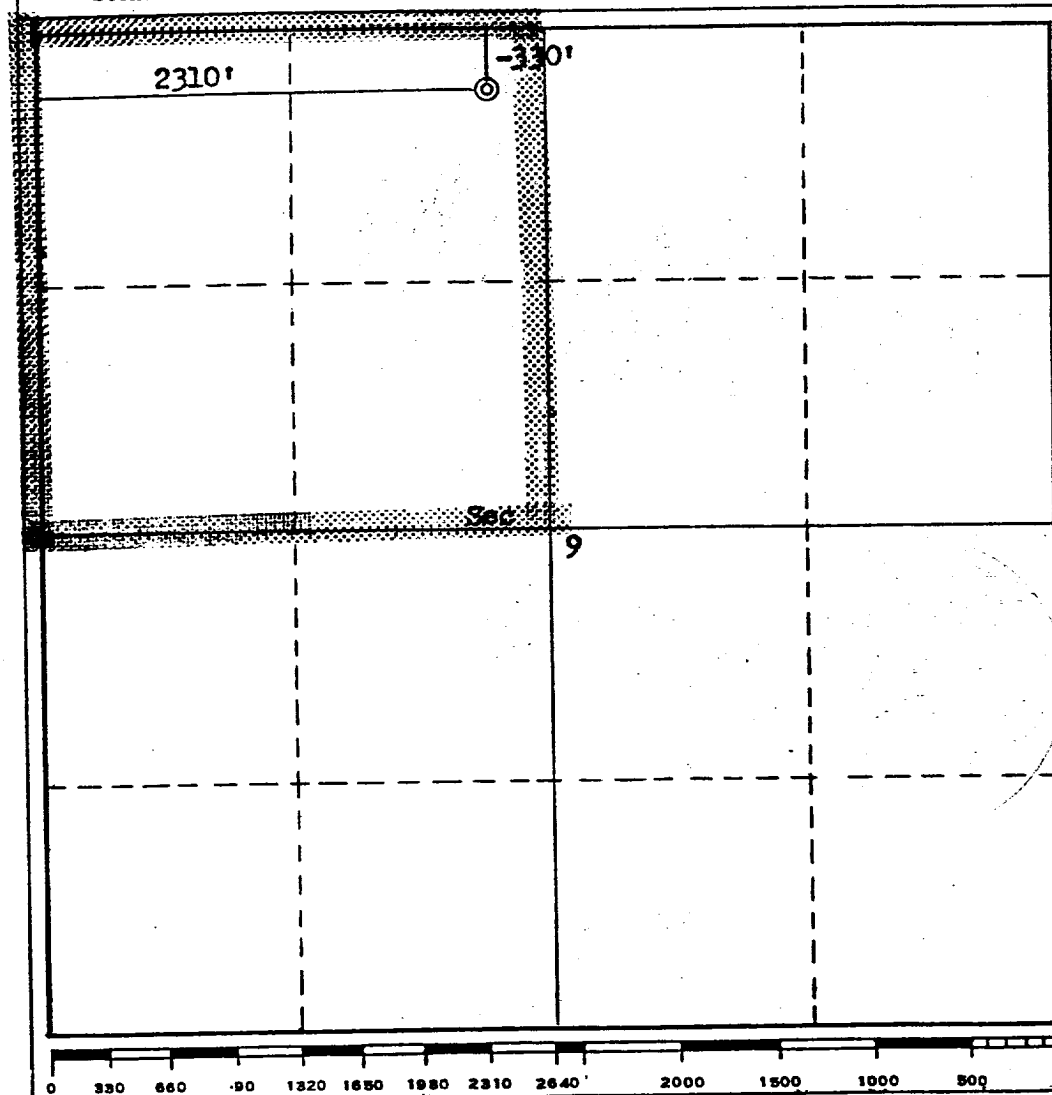
Operator Odessa Natural Corporation			Lease Chacon Jicarilla "D"		Well No. 8
Unit Letter C	Section 9	Township 23N	Range 3W	County Rio Arriba	
Actual Footage Location of Well: 330 feet from the North line and 2310 feet from the West line					
Ground Level Elev. 7293	Producing Formation Dakota		Pool Chacon Dakota Associated Pool		Dedicated Acreage: 160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

For: Odessa Natural Corp

Name **ORIGINAL SIGNED BY
EWELL N. WALSH**

Position **Ewell N. Walsh, P.E.
President, Walsh**

Company **Engr. & Prod. Corp.**

Date **4/30/80**

I hereby certify that the well location shown on this plat was plotted from field notes of ~~previous~~ **survey** made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

March 30, 1976

Registered Professional Engineer and/or Land Surveyor

Fred B Kerr

Certificate No.

3950