

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 Odessa Natural Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P.O. Box 3908 Odessa, Texas 79760		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 990'FSL, 800'FEL		8. FARM OR LEASE NAME Jicarilla Joint Venture "KD"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7296'GL, 7309'DF, 7310'KB		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated Oil Pool	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T23N-R3W N.M.P.M.	
		12. COUNTY OR PARISH Rio Arriba	
		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)			

SUBSEQUENT REPORT OF:

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

(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.)*

8-27-77 PBTD 7600'

FIRST STAGE FRAC - Dakota "B"

Acid - 250 gals. 15% MCA

Perforations-7454'-7478', 2Shots per Ft.

Pad	- 8,000 gals
Water	- 40,000 gals
Sand	- 40,000 lbs.
Flush	- 6200 gals
Breakdown Pressure	- 3800 psig
Max. Treating Press.	- 3300 psig
Ave. Treating Press.	- 2800 psig
Ave. Injection Rate	- 47.5 B.P.M.
Hydraulic Horse Power	- 3260 H.H.P.
Instantaneous SIP	- 1225 psig
5 minute SIP	- 1025 psig
15 minute SIP	- 875 psig

SECOND STAGE FRAC - Dakota "A"

Temporary bridge - 7427'

Perforations - 7336'-7386' 1 shot per foot

Acid - 250 gals 15% MCA
Pad - 10,000 gals.
Water - 83,330 gals.
Sand - 80,000 lbs.
Flush - 5000 gals.
Breakdown - 1800 psig
Max. Treating Press. - 3550 psig
Ave. Treating Press. - 3200 psig
Ave. Injection Rate - 52 B.P.M.
Hydraulic Horsepower - 4078 H.H.P.
Instantaneous SIP - 1450 psig
5 minute SIP - 1300 psig
10 minute SIP - 1150 psig

For: Odessa Natural Corporation

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

SIGNED <u>Ewell N. Walsh</u>	TITLE <u>President, Walsh Engineering & Production Corp.</u>	DATE <u>9-8-77</u>
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(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SEP 9 1977