

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Joint Venture "KD"	
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 790' FNL, 790' FWL		8. FARM OR LEASE NAME Jicarilla Joint Venture "KD"	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7127' GR, 7140' DF, 7141' KB		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated Oil Pool	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T23N-R3W N.M.P.M.	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) _____	
(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.)*

See Attached

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

SIGNER Ewell N. Walsh, P.E. TITLE President, Walsh Engineering & Production Corp. DATE 10-4-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



OCT 6 1977

*See Instructions on Reverse Side

10-3-77 PBTD - 7473'

FIRST STAGE - Dakota "B" Zone

Perforations - 7296'-7310' with 2 shots per foot.

Acid	- 250 gallon 15% MCA
Pad	- 10,000 gals.
Water	- 52,060 gals.
Sand	- 40,000 lbs.
Flush	- 5840 gallons
Breakdown Press.	- 4000 psig
Ave. Treating Press.	- 3300 psig
Max. Treating Press.	- 4000 psig
Ave. Injection Rate	- 44 BPM
Hydraulic Horsepower	- 3478 HHP
Instantaneous SIP	- 1170 psig
5 minute SIP	- 1040 psig
15 minute SIP	- 970 psig

10-4-77

SECOND STAGE - Dakota "A"

Temporary bridge plug	- 7265'
Acid	- 250 gallons 15% MCA
Perforations	- 7178'-7238' with 1 shot per foot
Pad	- 12,000 gallons water
Water	- 82,660 gallons
Sand	- 80,000 lbs.
Flush	- 4850 gallons
Breakdown Press.	- 3800 psig
Ave. Treating Press.	- 2800 psig
Max. Treating Press.	- 3300 psig
Ave. Injection Rate	- 48.0 BPM
Hydraulic Horsepower	- 3294 HHP
Instantaneous SIP	- 1450 psig
5 minute SIP	- 1300 psig
10 minute SIP	- 1230 psig
15 minute SIP	- 1210 psig