

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER		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 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.)\*

9-5-77 Spud well.

9-6-77 T.D. 260'

Ran 6 jts, 8-5/8", 24.0 lb, K-55, casing (248.80') set at 262.80' with 250 sxs Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated. Pressure test with 500 psig. Test OK.

9-22-77 T.D. 7565'

Ran 187 jts, 4 1/2", 10.50 & 11.60 lb, K-55, S&LT&C casing (7518.69') set at 7532.69' with first stage - 400 sxs 50/50 Pozmix with 6 lbs, salt and 6 1/4 lbs Gilsonite per sack. Calculated top of cement at 6000'. Second stage - cementing collar at 3123', 125 sxs 65/35 Pozmix, 12% gel and 6 1/4 lbs Gilsonite per sack, followed by 50 sxs Class "B" neat cement. Calculated top of cement at 2500'.

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

SIGNED Ewell N. Walsh, P.E. TITLE President, Walsh Engineering & Production Corp. DATE Sept. 30, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

RECEIVED  
OCT 4 1977

\*See Instructions on Reverse Side