

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
Jicarilla Joint  
Venture "KD"

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla Joint  
Venture "KD"

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Chacon Dakota  
Associated Oil Pool

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 10-T23N-R3W  
N.M.P.M.

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

**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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Odessa Natural Corporation

3. ADDRESS OF OPERATOR  
P.O. Box 3908, Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1650' FNL, 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7204'GR, 7217'DF, 7218'KB

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) _____	
(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.)\*

8-18-77 Spud well. T.D. 260'  
Ran 6 jts, 8-5/8", 24.0 lb, K-55 casing (238.09')  
set at 252.09' with 250 sxs Class "B" cement with 2%  
Calcium Chloride and 1/4 lb Flocele per sack. Cement  
circulated. Pressure test with 500 psig. Test OK.

9-5-77 T.D. 7615'  
Ran 194 jts, 4 1/2", 10.50 & 11.60 lb, K-55, S&LT&C,  
casing (7520.43') set at 7532.93' with, first stage -  
550 sxs 50/50 Pozmix with 6 lbs salt per sack and  
6 1/4 lbs, Gilsonite per sack. Calculated top of cement  
5900'. Second stage, cementing collar at 3156' - 150  
sxs 65/35 Pozmix, 12% gel 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 \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

OCT 4 1977

\*See Instructions on Reverse Side