

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Joint Venture
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' FSL, 890' FWL		8. FARM OR LEASE NAME Jicarilla Joint Venture "PC"
14. PERMIT NO.		9. WELL NO. 102
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7249' GL, 7260' DF, 7261' KB		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
		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 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)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

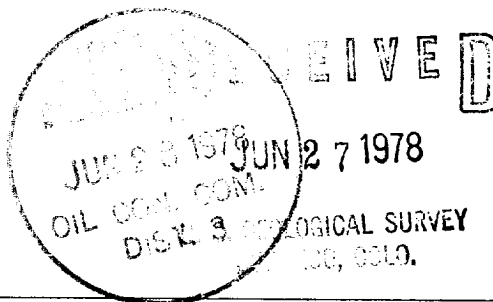
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

6-19-78 Spud well

6-19-78 T.D. 137
Ran 3 jts. 8-5/8", 24.0 lbs., K-55 casing (123.00') set at 134.00' with 124 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated. Pressure test with 500 psig. Test O.K.

6-22-78 T.D. 330'
Ran 76 jts., 4 1/2", 10.50 lbs., K-55 casing (3283.34') set at 3293.98' with 500 gallons mud flush followed by 265 sacks 50-50 Pozmix with 6 1/4 lbs. Gilsonite and 6 lbs. salt per sack.



FOR: Odessa Natural Corporation

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

SIGNED Ewell N. Walsh, P.E.

President, Walsh Engr. & Production Corp.

DATE 6-26-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____