

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
Reverse Side)Form approved
Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other _____		Jicarilla Joint Venture G. H. INDIAN, ABBOTT OR TRIBE NAME Jicarilla Apache 7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION: New Well <input checked="" type="checkbox"/> Work Over <input type="checkbox"/> Deep-EN <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. <input type="checkbox"/> Other _____		8. NAME OF LEASE NAME Jicarilla Joint Venture "PC" 9. WELL NO. 102	
2. NAME OF OPERATOR Odessa Natural Corporation		10. FIELD AND HOOL, OR WILDCAT Ballard Pictured Cliffs 11. SEC., T., R., M., OR BLOCK AND SURVEY OF AREA Sec. 3-T23N-R3W N.M.P.M.	
3. ADDRESS OF OPERATOR P. O. Box 3908, Odessa Texas 79760 ATT: John Strojek		12. COUNTY OR PARISH 13. STATE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790' FSL, 890' FWL At top prod. interval reported below Same At total depth Same		14. PERMIT NO. DATE ISSUED	
15. DATE SHIPPED 6-19-78	16. DATE T.D. REACHED 6-21-78	17. DATE COMPL. (Ready to prod.) 6-27-78	18. ELEVATIONS (DF, RSB, RT, GR, ETC.)* 7260'D.F., 7261'KB, 7249'GL
20. TOTAL DEPTH, MD & TVD 3301'	21. PLUG, BACK T.D., MD & TVD 3249	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS X
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3072'-3112 Pictured Cliffs			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN IES & CNL-FDL			27. WAS WELL CORED NO
28. CASING RECORD (Report all strings set in well)			
CASING SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)
8-5/8		24.0	134'
4-1/2		10.50	3294'
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
1-1/4	3066'	None	
31. PERFORATION RECORD (Interval, size and number)			
3072'-3088'		2 shots per foot	
3108'-3112'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3072'-3112'		55,000 gallons water	
		55,120 lbs. sand	
33. PRODUCTION			
DATE FIRST PRODUCTION Waiting on Pipeline		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut In			
DATE OF TEST 7-14-78	HOURS TESTED 3	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO
FLOW. TUBING PRESS. 100 psig	CASING PRESSURE 550 psig	CALCULATED 24-HOUR RATE 3/4"-1,385 CAOP-1,975	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented SIPT-950 psig 950 psig			
35. LIST OF ATTACHMENTS			
FOR: Odessa Natural Corporation			
36. I hereby certify that the foregoing and attached information is complete and correct as determined by me.			
SIGNED Ewell N. Walsh, P.E.		President, Walsh Engineering & Production Corp. DATE 7-25-78	

* (See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED
JUL 27 1978

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local, area, and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

tion and pressure tests, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the production interval or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identifying, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

KNOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, DEPTH INTERVAL TESTED, CUSHION TEST, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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