

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.
Jicarilla Joint Venture

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
2. NAME OF OPERATOR Odessa Natural Corporation		7. UNIT AGREEMENT NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P.O. Box 3908, Odessa, Texas 79760		8. FARM OR LEASE NAME Jicarilla Joint Venture "PC"	
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		9. WELL NO. 102	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7249' G.L., 7260' D.F., 7261' KB		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.

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 type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" 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.) *

See attached for fracture treatment.

For: Odessa Natural Corporation
18. I hereby certify that the foregoing is true and correct
SIGNED Ewell N. Walsh, P.E. TITLE President, Walsh Engr. & Production Corp. DATE 7-26-78
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JUL 28 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY

FRACTURE TREATMENT
Stage No. 1

Date 6/26/78

Operator Odessa Natural Corporation Lease and well Jicarilla Joint Venture "PC" No. 102

Correlation Log Type GR Collar From 3249' to 2600'

Temporary Bridge Plug Type None Set At _____

Perforations 3072 to 3088' 3108 to 3112'
2 per foot type 3 1/2" Glass Strip Jets

Pad 4260 gallons. Additives 2% Kcl & 2 lbs.
FR 20 per 1000 gallons

Water 55,000 gallons. Additives 2% Kcl and
2 lbs. FR 20 per 1000 gallons. 1 gallon per
1000 gallons Howco Suds in last 30,000 gallons

Sand 55,120 lbs. Size 20/40

Flush 2500 gallons. Additives 2% Kcl and 2 lbs.
FR 20 and 1 gallon Howco Suds per 1000 gallons

Breakdown 1600 psig

Ave. Treating Pressure 950 psig

Max. Treating Pressure 1040 psig

Ave. Injection Rate 40.0 BPM

Hydraulic Horsepower 931 HHP

Instantaneous SIP 500 psig

5 Minute SIP 440 psig

10 Minute SIP 420 psig

15 Minute SIP 400 psig

Ball Drops: 10 Balls at 25,000 gallons 0 psig
increased

10 Balls at 40,000 gallons 0 psig
increased

 Balls at gallons psig
increased

Remarks: Well shut in overnight.

Walsh ENGINEERING & PRODUCTION CORP.