

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
CONTRACT, INVESTIGATION, OR RESEARCH  
NO. 1424Form approved  
Budget Bureau No. 42-R1424  
CONTRACT, INVESTIGATION, OR RESEARCH NO.  
Jicarilla Joint  
Venture  
G. H. INDIAN ALLEGATION OF TRIBE NAME

## 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	7. UNIT AGREEMENT NAME Jicarilla Apache
2. NAME OF OPERATOR Odessa Natural Corporation Att: John Strojek	8. FARM OR LEASE NAME Jicarilla Joint Venture "PC"
3. ADDRESS OF OPERATOR P.O. Box 3908; Odessa, Texas 79760	9. WELL NO. 108
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990'FSL, 1850'FEL	10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T23N-R3W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7165'GL, 7176'DF, 7177'KB	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

## 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"/>	

## 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"/>	

(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 Engineering Production Corp. DATE Aug. 9, 1978

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

AUG 10 1978  
U.S. GEOLOGICAL SURVEY

# FRAC TREATMENT

Formation IC Stage No. 1 Date 8-1-78  
 Operator El Paso Natural Corporation Lease and Well Jicarilla G.W. PC #109

Correlation Log Type Gamma Ray Collar From 3155' To 2600'

Temporary Bridge Plug Type \_\_\_\_\_ Set At \_\_\_\_\_  
3040' to 48'

Perforations 3010' to 16' 3022' to 26' 3033' to 37'  
1 Per foot type 3 1/2" Class Strip Jets

Pad 5,500 gallons. Additives 2% Kcl. 2 lbs  
FR-20 per 1000 gallons. 1 gallon Frac Flo per  
1000 gallons.

Water 5,500 gallons. Additives 2% Kcl. 2 lbs  
FR-20 per 1000 gallons. 1 gal. Howco suds per  
1000 gal. in last 30,000 gal.

Sand 55,000 lbs. Size 20/40

Flush 2,100 gallons. Additives 2% Kcl. 2 lbs  
FR-20 & 1 gallon Howco suds per 1000 gallons.

Breakdown 3200 psig

Ave. Treating Pressure 1200 psig

Max. Treating Pressure 1300 psig

Ave. Injection Rate 46 BPM

Hydraulic Horsepower 1352 HHP

Instantaneous SIP 700 psig

5 Minute SIP 650 psig

10 Minute SIP 550 psig

15 Minute SIP 500 psig

Ball Drops: No Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig  
 \_\_\_\_\_ Balls at \_\_\_\_\_ gallons \_\_\_\_\_ psig

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_