

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424

5. PLANT DESIGNATION AND SERIAL NO.

Jicarilla Joint Venture
6. IF INDIAN, ALLOTTEE OR 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	8. FARM OR LEASE NAME Jicarilla Joint Venture "PC"
3. ADDRESS OF OPERATOR P.O. Box 3908, Odessa, Texas 79760	9. WELL NO. 104
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1695' FNL, 1850' FWL	10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T23N-R3W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7279' G.L., 7290' D.F., 7291' KB	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.)*

7-3-78 Spud Well

7-3-78 T.D. 149
Ran 3 jts. 8 5/8", 24.0 lb., K-55 casing (132.90')
Set at 144.90' with 125 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.

7-9-78 T.D. 3395'
Ran 80 jts. 4 1/2", 10.50 lb., K-55 casing (3366.42')
Set at 3376.42' with 500 gallons mud
Flush followed by 190 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.

SIGNER

Ewell N. Walsh, P.E.

(This space for Federal or State office use)

TITLE

President, Walsh Engr.
& Production Corp.

DATE

7-26-78

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 28 1978