

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
OTHER INSTRUCTIONS ON RE-
VERSE SIDEForm approved.
Budget Bureau No. 45 R1414
Jicarilla Joint
Venture
U. S. 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. <input type="checkbox"/> 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. 109
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL, 790' 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. 10-T23N-R3W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7274' GL, 7285' DF, 7286' 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.

(This space for Federal or State office use)

President, Walsh Engineering

TITLE & Production Corp.

DATE Aug. 8, 1978

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 10 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

FRACTURE TREATMENT

Formation PC

State No. 1

Date 8-4-78

Operator Alaska Natural Corporation

Lease and Well Jicarilla JV PC

Correlation Log

Type Gamma Ray

From 3212'

To 2600'

#109

Temporary Bridge Plug

Type _____

Set At _____

Perforations

3084' to 3087' 3094' to 3099' 3104' to 3116'

1 Per foot type 3 1/2" Glass Strip Jets

Pad

5000 gallons. Additives 2% Kcl. 2 lbs.
FR-20 per 1000 gallons.
1000 gallons.

Water

55,000 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

2,300 gallons. Additives 2% Kcl. 2 lbs.
FR-20 per 1000 gal. & 1 gal. Howco suds per
1000 gal.

Breakdown

3,200 psig

Ave. Treating Pressure

1,350 psig

Max. Treating Pressure

1,600 psig

Ave. Injection Rate

46 BPM

Hydraulic Horsepower

1,578 HHP

Instantaneous SIP

700 psig

5 Minute SIP

500 psig

10 Minute SIP

500 psig

15 Minute SIP

500 psig

Ball Drops:

No Balls at _____ gallons _____ psig

increase

_____ Balls at _____ gallons _____ psig

increase

_____ Balls at _____ gallons _____ psig

increase

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.