

UNITED STATES

FORM IN DUPLICATE*

(See other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Joint Venture

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Joint Venture "KD"

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Chacon Dakota Associated

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 3-T23N-R3W

N.M.P.M.

12. COUNTY OR
PARISH

Rio Arriba

13. STATE

N.M.

15. DATE STUDDED	16. DATE TO BE REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
3/18/80	4/1/80	5/22/80	7241'DF, 7242'KB	7228'G.L.

20. TOTAL DEPTH, MD & TVD	21. DEPTH, EACH T.D., MD & TVD	22. IF MULTIPLE COMPLEMENTS, HOW MANY*	23. INTERFAS	24. CABLE TOOLS
7640'	7502'		DRILLED BY: [Signature]	X

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	25. WAS DIRECTIONAL SURVEY MADE
7279'-7414' Dakota	No

26. TYPE ELECTRIC AND OTHER LOGS RUN	27. WAS WELL CORED
IES, CNL-FDC	NO

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.0	276'	12-1/4"	275 sacks	None
4-1/2"	10.50&11.60	7640'	7-7/8"	750 sacks	None

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2-3/8"	7310'	

31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
7279'-7317')			DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7320'-7335')	1 shot per foot		7275'-7335'	80,000 gallons water
				80,000 lbs. sand
7397'-7414')	2 shots per foot		7397'-7414'	40,000 gallons water
				40,000 lbs. sand

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
5/27/80		Flowing				Shut In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6/4/80	24	3/4"					6,380
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.			OIL GRAVITY-API (CORR.)
150	1600 psig		47	30			48.8

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	TEST WITNESSED BY
Vented	

35. LIST OF ATTACHMENTS
FOR: ODESSA NATURAL CORPORATION

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
ORIGINAL SIGNED BY EWELL N. WALSH President, Walsh Engr. & Production Corp.
SIGNED Ewell N. Walsh, P.E.
TITLE
DATE 6/5/80

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

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 Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

and/or State office. See instructions on items 22 and 23, and 24, regarding separate copies of this summary record. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), fracture and pressure tests, and directional surveys, 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.

Item 19: Enter number of spectral measurements.

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 producing 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 identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

item 29: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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