

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
ODESSA NATURAL CORPORATION Attn: John Strojek

3. ADDRESS OF OPERATOR
P. O. Box 3908 Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1850'FSL, 1850'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7359'G.L., 7372'D.F., 7373'K.B.

5. LEASE DESIGNATION AND SERIAL NO.
Contract No. 412

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chacon Jicarilla "D"

9. WELL NO.
15

10. FIELD AND POOL, OR WILDCAT
Chacon DAKOTA ASSOCIATED POOL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 9-T23N-R3W
N.M.P.M.

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: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) _____ | |

(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.)*

11/13/79 Spud Well

11/13/79 T.D. 295'. Ran 9 joints 8-5/8", 24.0, K-55 casing (289.78) set at 293.78' with 250 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb Flocele per sack. Cement circulated. Pressure test with 500 psig. Test ok.

11/29/79 T.D. 7725'. Ran 197 joints 4-1/2", 10.50 & 11.60, K-55 casing (7702.08) set at 7716.48' with:

First Stage: 440 sacks 50-50 Pozmix with 12-1/2 lbs. Gilsonite and 6 lbs. salt per sack.

Second Stage: 220 sacks 65-35 Pozmix (12% Gel) with 12-1/2 lbs. Gilsonite per sack followed by 50 sacks Class "B" Neat Cement. Stage Collar at 3464'

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, & Prod. Corp. DATE 12/5/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

