

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Include instructions on the
reverse side)LOCAL APPROVAL
Bureau No. 42 R1423

LEASE DESIGNATION AND SERIAL NO.

Contract No. 413

IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Chacon Jicarilla "D"

WELL NO.

4

FIELD AND POOL, OR WILDCAT

Chacon Dakota

SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22-T23N-R3W

N. M. P. M.

COUNTY OR PARISH STATE

Sandoval

New Mex.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Odessa Natural Corporation
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
990' FNL, 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7399' GR

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 COMPLETION ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐

See Below

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

X

(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.)*

1. Change in Operator and Well Name

From: Dave M. Thomas, Jr. - Chacon Jicarilla Apache "D" No. 4

To: Odessa Natural Corporation - Chacon Jicarilla "D" No. 4

2. Change in Acreage Dedication

From: NE/4NW/4, 40 Acres, Section 22

To: N/2NW/4, 80 Acres, Section 22

For: Odessa Natural Corp.

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, DIST. Walsh Engr.
& Prod. Corp.

DATE April 6, 1976

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

WELL LOCATION AND IDENTIFICATION PLAT

ODESSA NATURAL CORPORATION

CHACON JICARILLA

D-4

C 22 23 NORTH 3 WEST SANDOVAL

990 NORTH 1650 WEST

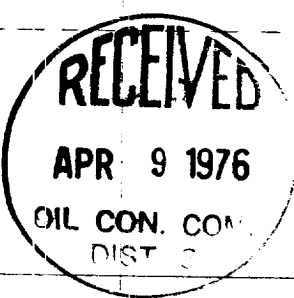
7399 Dakota Chacon Dakota 80

1. Outline the acreage dedicated to the subject well by colored pencil or ballpoint marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to well interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, forced pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable well be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

1650'	990'
	
22	

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

For:
Odessa Natural Corp.
Ewell N. Walsh, P.E.
President, Walsh Engr.
& Prod. Corp.

April 6, 1976

I hereby certify that the well location shown on this plat was checked by notes, actual survey, made by me or under my supervision and that there is no knowledge of any other well location in the area.

29 January 1976

James P. Lesse
James P. Lesse

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