ODESSA NATURAL CORPORATION

Chacon Jicarilla "D" 10

2-9-78

PBTD	7387
First Stage:	
Perforations:	7222-7230 and 7234-7248 2 shots per foot
Sandwater Fracture	
Pad	9,842 gallons
Water	47,900 gallons
Sand	40,000 lbs.
Flush	4,842 gallons
Breakdown Pressure	3,350 psig.
Ave. Treating Pressure	3,700 psig.
Max. Treating Pressure	4,000 psig.
Ave. Injection Rate	30.0 BPM
Hydraulic Horsepower	4,000 HHP
Instantaneous SIP	2,500 psig.
5 Minute SIP	1,650 psig.
10 Minute SIP	1,600 psig.
15 Minute SIP	1,600 psig.

Second Stage:	
Temporary Bridge Plug	7190
Perforations:	7118'-7156' 1 shot per foot
Sandwater Fracture	
Pad	9,778 gallons
Water	82,500 gallons
Sand	80,000 lbs.
Flush	4,778 gallons
Breakdown Pressure	2,600 psig.
Ave. Treating Pressure	3,400 psig.
Max. Treating Pressure	3,750 psig.
Ave. Injection Rate	37.0 BPM
Hydraulic Horsepower	3,083 HHP
Instantaneous SIP	2,700 psig.
5 Minute SIP	1,900 psig.
10 Minute SIP	1,700 psig.
15 Minute SIP	1,600 psig.

Form 9-331
(May 1963)

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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
ODESSA NATURAL CORPORATION Att: 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
1700' FSL, 790' FEL

5. LEASE DESIGNATION AND SERIAL NO.
Contract No. 183

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chacon Jicarilla "D"

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT
Chacon Dakota Associated Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27-T23N-R3W N. M. P. M.

12. COUNTY OR PARISH
Sandoval

13. STATE
N. M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7301' GL, 7314'DF, 7315' KB

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT		ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING		ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.) *

SEE ATTACHED

RECEIVED
MAR 3 1978
OIL CON. COM.
DIST. 3

For: Odessa Natural Corporation

18. I hereby certify that the foregoing is true and correct

SIGNED Ewell N. Walsh, P. E. & TITLE President, Walsh Engin. & Production Corp. DATE 2-28-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side