

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-6678

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dome et al Federal 28

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 28-T23N-R6W
NMPM

12. COUNTY OR PARISH 13. STATE

1. OIL ☐ GAS ☒ OTHER
WELL WELL

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

1800' FSL, 840' FEL

14. PERMIT NO.

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

7206' 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 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.)*

6/7/78 - 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.

President, Walsh Engineering

TITLE & Production Corporation DATE 6/19/78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

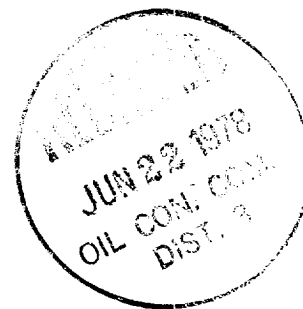
TITLE _____

DATE

JUN 20 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
FLEX 10, 0010.



FRACTURE TREATMENT

Stage No. 1Date 6-7-78Operator Odeco Natural Corporation Lease and Well Dome et al Federal 28 No. 1Correlation Log Type GR-CL From 2200' to 2740'Temporary Bridge Plug Type None Set At _____Perforations 2620-2640', 2694-2698', 2707-2714'
1 per foot type 3½' Glass Strip JetPad 4000 gallons. Additives 2% KCL and
70 Quality Foam.Treatment 25,000 gallons. Additives 2% KCL and
70 Quality Foam.Sand 40,000 lbs. Size 40-60Flush 1,800 gallons. Additives 2% KCL and
70 Quality Foam.Breakdown 2400 psigAve. Treating Pressure 1700 psigMax. Treating Pressure 1700 psigAve. Injection Rate 20.0 BPMHydraulic Horsepower 333 HHPInstantaneous SIP 1400 psig5 Minute SIP 1400 psig10 Minute SIP 1400 psig15 Minute SIP 1400 psigBall Drops: 5 Balls at 8,700 gallons None psig5 Balls at 15,000 gallons None psig Balls at gallons psigRemarks: Total load water - 290 Bbls. Total nitrogen 330,000 scf.Walsh ENGINEERING & PRODUCTION CORP.