

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

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

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 413
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
2. NAME OF OPERATOR ODESSA NATURAL CORPORATION		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 3908 Odessa, Texas 79760		8. FARM OR LEASE NAME Chacon Jicarilla "D"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850'FNL, 1850'FEL		9. WELL NO. 17
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7388'GL, 7401'DF, 7402'KB	10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 22-T23N-R3W N.M.P.M.
		12. COUNTY OR PARISH 13. STATE Sandoval 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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.)*

7/29/80 Spud Well

7/29/80 T.D. 290'. Ran 8 joints 8-5/8", 24.0 lb., K-55 casing (275.13') set at 290.13' with 250 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated approximately 5 barrels. Pressure test with 500 psig. Test ok.

8/14/80 T.D. 7680'. Ran 224 joints 4-1/2", 10.50 & 11.60 lbs., K-55 casing (7628.12') set at 7630.52' with:

First Stage: 580 sacks 50-50 Pozmix with 6-1/4 lbs. Gilsonite and 6 lbs. salt per sack. Calculated top of cement 5889'.

Second Stage: 140 sacks 65-35 Pozmix (12% Gel) with 6-1/4 lbs. Gilsonite per sack, followed by 50 sacks class "B" Neat Cement. Stage collar 3363.73'. Calculated top of cement 2563'.

FOR: ODESSA NATURAL CORPORATION

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

SIGNED EWELL N. WALSH TITLE President, Walsh Engr. & Prod, Corp. DATE 8/19/80

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
AUG 21 1980

FARMINGTON DISTRICT
BY BW

*See Instructions on Reverse Side

MOCC