SUBMIT IN TRIPLICATE*

Form approved. Budget Burenn No. 42-R1425.

(Other instructions on reverse side)

UNITED STATES DEPARTMENT OF THE INTERIOR

| | DEPARTMENT | OF THE INT | FRIOR | Terethe Blut | e) i | 50-045- | Q0446 | |
|-----------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|------------------------------------------|-----------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------|
| | | GICAL SURVEY | | | | o. LEASE DESIGNATI | ON AND BERIAL NO. | |
| 4 DOLLC A TION | \ CV | Contract No. 183 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | | | | |
| | FOR PERMIT T | O DRILL, DEE | IFEIN, OR F | LUG BA | 1CK | Jicarilla | | |
| 1a. TYPE OF WORK DRIL | LX | DEEPEN [] | PLU | JG BACK | (| 7. UNIT AGREEMENT | NAME | |
| b. Type of well | s 🗀 | | SINGLE | MULTIPLE | | 8. FARM OR LEASE | | |
| WELL X WE | CLL OTHER | I-h- Ctroio | SINGLE ZONE | ZONE | | | icarilla "D | יי מ |
| | Attention: . ral Corporat | | K | | ŀ | 9. WELL NO. | ICALILIA L | , , |
| 3. ADDRESS OF OFERATOR | P.O. Box 390 | 8 | | | - | 19 | _ | |
| 4. LOCATION OF WELL (Re | Chacon | | | | | | | |
| _ At surface | | 11. SEC., T., B., M., C | ted Pool - | | | | | |
| At proposed prod. zone | _ | AND SURVEY OR | -T23N-R3W | | | | | |
| - | Same | | | | | | .P.M. | |
| 14. DISTANCE IN MILES A | ND DIRECTION FROM NEAR | EST TOWN OR POST OF | FICE* | | | 12, COUNTY OR PARI | SR 13. STATE | |
| Not Applical 15. DISTANCE FROM PROPOS | ble | 1.16 | NO OF ACRES IN | LEASE | 17 NO 0 | Sandoval FACRES ASSIGNED | N.M. | |
| LOCATION TO NEAREST PROPERTY OR LEASE LI | , To | | | | THIS WELL 160 | | | |
| (Also to nearest drlg. | unit line, if any) | · · · · · · · · · · · · · · · · · · · | 2240 | | 20. котан | RY OR CABLE TOOLS | | |
| TO NEAREST WELL, DR OR APPLIED FOR, ON THIS | HILIKO COUDIETED | 2440' | 764Ø | | | Rotary | | |
| 21. ELEVATIONS (Show whet | | | | <u></u> _ | | | WORK WILL START | |
| | 7395' D.F., | 7396' K.B. | | | | Februar | y 1, 1980 | |
| 23. | | ROPOSED CASING | AND CEMENTING | PROGRAM | M. | | | |
| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING I | ЕРТН | | QUANTITY OF CE | MENT | |
| 12-1/4" | 8-5/8" | 24.Ø | 250 | | | 25Ø Sacks | | |
| 7-7/8" | | 1Ø.5Ø & 11. | 6 Ø 764 Ø | 3 | То | be determ | ined | |
| | | | | | | | | |
| | | | 11 | · | 4 1 . | | il boso | |
| nud as circul | oposed to dr | lli this we through t | he Dakota | otary Forma | toor: ation | s, using o Possibl | e pase | |
| productive zo | nes in the D | , enroden e akota Forma | tion will | be co | omple | ted. Prod | uction | |
| casing will b | e cemented i | n such a ma | nner as t | o prot | tect | the Pictur | ed Cliffs | |
| Formation. | | | | | | | | |
| | | | | | | | • | |
| Estimated For | mation Tops | | | | | A CONTRACTOR OF THE PARTY OF TH | | |
| Piaturod | Cliffs | 30 | 41' | Green | horn | | 7187' | |
| Pictured Cliffs Cliff House | | 4605' Graneros | | | | | 7226' | |
| Gallup | | 6216' Dakota | | | | | 279 72/74' | |
| | | | | | | 00120 | 313 | |
| The NE/4 Sect | | | | | , | OIL CON. | MAN 1 | |
| The natural g | _ | | | | | / DISI | | |
| in above space describe zone. If proposal is to o preventer program, if any | drill or deepen directions | proposal is to deepen llly, give pertinent da | or plug back, give ta on subsurface l | data on pre ocations and | sent prodi I measured | uctive zone and prop d and true vertical de | osed new productive ths. Give blowent | |
| 24. FOR: Odess | a Natural Co | rporation | | | | | | |
| SIGNED LWFLI N -1 | anen 81 | TITLE . | Presider | nt, Wal | Ish E | ngin dark Oc | tober 22, 1 | 19 |
| | MALSH Walsh, | <u> P.E </u> | & Produc | Stion- | corp. | | | |
| • | | | ADDDUCAL LAT | r. | | | | |
| PEEMIT NO. | | | APPROVAL DAT | ~ | | | | |
| APPROVED BY | | TITLE | | | | DATE | | |
| CONDITIONS OF APPROV | AL, IF ANY: | | | | | 730 A - | | |

of Ful

*See Instructions On Reverse Side

OUT 23 1979

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO CHERGY AND MINERALS DEPARTMENT

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

form C-107 kevised 10-1-78

All distances must be from the cuter houndaries of the Section.

| | | | | | Well No. | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|-------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--|--|--|--|
| Cycerator ODESSA MAT | TARTOR TARTE | TON | Leose CUACON ITCAR | 19 | | | | | | | |
| ODESSA NATURAL CORPORATION Unit Letter Section Township | | | CHACON JICARILLA "D" | | | | | | | | |
| A. | 27 | 23N | Range 3W | Sandova | 1 | _ | | | | | |
| Actual Footage Loc | <u> </u> | | | | | | | | | | |
| 790 | feet from the No | rth line and | 990 | feet from the Ea. | st line | | | | | | |
| Ground Level Elev. | Producing For | mation | Pool | | Dedicated Acreage | : | | | | | |
| 7382 | Dakota | | Chacon Dakot | a Associated | 160 | Acres | | | | | |
| Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working 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, force-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 | | | | | | | | | | | |
| | necessary.) | · | | | | | | | | | |
| No allowable will 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. | | | | | | | | | | | |
| | 1 | W////// | 77777877787777 | 7777778 | CERTIFICATION | | | | | | |
| | . 1 | | | 990' E | hereby certify that the information of the informat | mation con- plete to the lief. | | | | | |
| | + | | | 3 | EWELL N. WALSH | | | | | | |
| 1 | 1 | | İ | / / / | | , | | | | | |
| ~ | , | | | | well N. Walsh, P.E | ·• | | | | | |
| | ; | | | | alsh Engr. & Prod. | Corp. | | | | | |
| İ | 1 | | 1 | Da | le | | | | | | |
| | l Se | ec. | d | | October 22, | 1979 | | | | | |
| , | | 27 | OCT 25 10 OIL CON. C | 79 | hereby certify that the withown on this plat was plotte notes of actual surveys mad ander my supervision, and this strue and correct to the nowledge and belief. | d from field le by me ar at the same | | | | | |
| | ; ! | | | \sim 11 | te Surveyed | | | | | | |
| | 1 1 1 | | U. S. GPOLOGICAL S | URVEY | October Juni 199 Historic Erryeseman Taping | •r | | | | | |
| 2011 | | | DURANGO, COL | 1 1 | Fred 3 Remain. | | | | | | |
| | 1 | | 1 1000 | | 3950 60 | | | | | | |

